Medication Chart

Help us care for you better by telling us what prescriptions and over-the-counter medications you take.
Update this every time you visit.

Prescriptions						
Name of medicine	Dose (total milligrams)	How many times per day?	When do take it? (Morning and night? After meals?)	Who prescribed it for you? (Physician's last name)	Why do you take it?	Do have any side-effects? Describe them.
Over-the-counter medications, herbal remedies, vitamins						

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