MEDICATION RECORD

Pharmacy: Telephor			DATE:		
			e:	Fax:	
		Drug A	Allergies		
Medication		Reaction			
	(Continuing	Medications		
Medication	Dose (mg)	Frequency	Prescribing MD	Start Date	Stop Date
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PRN/OTC Medi	cations (in	cluding: vi	itamins, herbal reme	edies, aspirin	etc.)
Medication	Dose (mg)	Frequency	Prescribing MD (if any)	Start Date	Stop Date
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