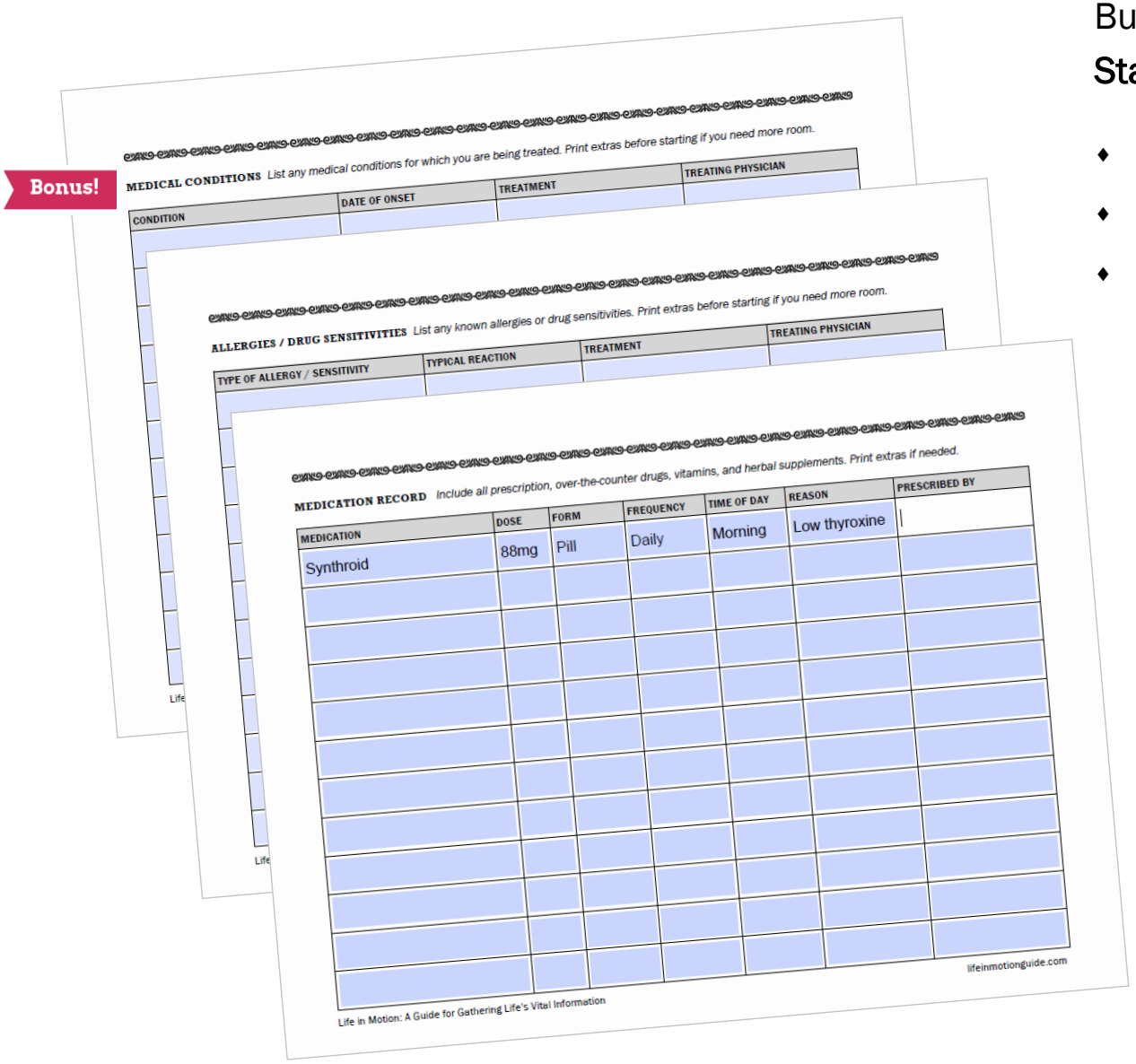
MEDICATION RECORD *Include all prescription, over-the-counter drugs, vitamins, and herbal supplements. Print extras if needed.*

MEDICATION	DOSE	FORM	FREQUENCY	TIME OF DAY	REASON	PRESCRIBED BY

ALLERGIES / DRUG SENSITIVITIES *List any known allergies or drug sensitivities. Print extras before starting if you need more room.*

TYPE OF ALLERGY / SENSITIVITY	TYPICAL REACTION	TREATMENT	TREATING PHYSICIAN

WOULD YOU PREFER TO TYPE THESE FORMS?



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