My Medicine Record



List all of the medications you take to help you keep track of your prescriptions. When your doctor changes or stops a medication, draw a line through the old information.

| PRESCRIPTION MEDICATIONS | List how many times taken in a day and the dose. | | | | | |
|--------------------------|--|-------|--------|---------|-------------------------|-----------------------|
| Medicine | Breakfast | Lunch | Dinner | Bedtime | Special Instructions | Reason for Taking? |
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List all of the over-the-counter medicines and supplements you're taking, including pain relievers, antacids, cough or cold medicine, antihistamines, allergy medicines, sleeping pills, laxatives or diarrhea medicine, vitamins or herbal supplements.

| OTC or Herbal Medicine | Reason for Taking? |
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| My Drug Allergies | How to Use Tips |
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