

# My Medicines List

My Name:	My Allergies:	My Emergency Contact Information:
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**My medicines, vitamins, herbals, and supplements, as of**

Date:

Include all **prescription** and **non-prescription** medicines. Non-prescription medicines may include vitamins, herbals, supplements, cold or cough medicines, aspirin, pain relievers, allergy relief medicines, antacids, laxatives, diet pills, and others that you do not need a prescription to buy.

I take these every day							
Name (brand and generic)	Strength of medicine	I take this medicine for	When, how, and how much I take				
			Instructions	Morning	Noon	Evening	Bedtime

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I take these regularly, but not every day				
Name (brand and generic)	Strength of medicine	I take this medicine for	When, how, and how much I take	
			Instructions	When

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**My medicines, vitamins, herbals, and supplements, as of**

Date:

Include all **prescription** and **non-prescription** medicines. Non-prescription medicines may include vitamins, herbals, supplements, cold or cough medicines, aspirin, pain relievers, allergy relief medicines, antacids, laxatives, diet pills, and others that you do not need a prescription to buy.

I take these only when I need them			
Name (brand and generic)	Strength of medicine	I take this medicine for	When, how, and how much I take