MEDICINE RECORD

Write down each medicine you take, the reason you take it, and how you take it. Keep this info up to date.

Medication Name	Reason for Use	Dose	Time(s) of Day	Check One		What to avoid (food, drinks, etc.)	List side effects, if any
				Brand	Generic		
Also include any over-the-counter medicines, such as: Allergy relief medicine, antacids, aspirin or other pain, headache, or fever medicine, cold medicine, cough medicine, diet pills, laxatives, sleeping pills, vitamins, herbals, others (include names)							

http://www.ahrq.gov/consumer/safemeds/safemeds.htm

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We recommend you show your pharmacist and all of your doctors this updated record.

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