

# MY MEDICATION LIST



NAME: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

| #  | MEDICATION / SUPPLEMENT | DOSE | DIRECTIONS | REASON FOR TAKING |
|----|-------------------------|------|------------|-------------------|
| 1  |                         |      |            |                   |
| 2  |                         |      |            |                   |
| 3  |                         |      |            |                   |
| 4  |                         |      |            |                   |
| 5  |                         |      |            |                   |
| 6  |                         |      |            |                   |
| 7  |                         |      |            |                   |
| 8  |                         |      |            |                   |
| 9  |                         |      |            |                   |
| 10 |                         |      |            |                   |
| 11 |                         |      |            |                   |
| 12 |                         |      |            |                   |
| 13 |                         |      |            |                   |
| 14 |                         |      |            |                   |
| 15 |                         |      |            |                   |
| 16 |                         |      |            |                   |
| 17 |                         |      |            |                   |
| 18 |                         |      |            |                   |
| 19 |                         |      |            |                   |
| 20 |                         |      |            |                   |