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| Medication Log | | | | | | | |
| Date Started | | Product Name | Dosage / Strength | Times Taken Daily | Purpose of Medication | Prescribed By | Additional Comments |
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| **ALLERGIES:** | |  |  | NOTE: When you list ALLERGIES, we recommend that you use RED INK to draw attention to them. When you discontinue a medication, we recommend that you use a highlighter to cross it off the list. | | | |

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