Medication Log Sheet

	Medicine	Form (pill, injection, liquid, patch, etc.)	Dosage	How Much and When	Use (regularly or occasionally)	Start/Stop Date (1/15/07-3/5/07 or 1/5/07-ongoing)	Notes, special directions or reasons for use
	Be sure to include ALL prescription drugs, over-the-counter medicines, vitamins, and herbal supplements.						
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