**Patient Name Medications/Supplements** *Updated Date*

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| --- | --- | --- | --- | --- | --- |
| **Medication /**  **Supplement Name** | **Amount**  **(mg/mcg)** | **Frequency**  (daily/every x hours) | **For**  **Diagnosis** | **Location**  (pill box, other) | **Directions / Additional Notes**  (For example: give 2 pills with or without food) |
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***See pictures below***

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| --- | --- | --- |
| **Picture** | **Medication/Supplement Name** | **Description***: e.g. round white pill with “211” on it* |
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