**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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