

What I'm Taking	Reason for Use	Form <i>(pill, patch, liquid, injection, etc.)</i>	Dosage	How Much & When	Use <i>(regularly or occasionally)</i>	Start/Stop Dates <i>(1/05/05 – 3/05/05) (1/01/94 – ongoing)</i>	Notes or Special Directions
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*Be sure to include ALL prescription drugs, over-the-counter drugs, vitamins, and herbal supplements.

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