

My Medications and Supplements

Prescription Medicines

Name of Medicine:	Dose & time(s) taken (ex. 400mg daily at 2PM):	Prescribed by:	Reason for medicine:	Side effects and notes:

Over the Counter (OTC) Medicines

Name of OTC medicine:	Dose & time(s) taken (ex. 200 mg as needed):	Recommended by:	Reason for OTC medicine:	Side effects and notes:

Herbs, Vitamins, and Dietary Supplements

Name of herb, vitamin or supplement:	Dose & time(s) taken (ex. 500 IU in the morning):	Recommended by:	Reason for supplement:	Side effects and notes: