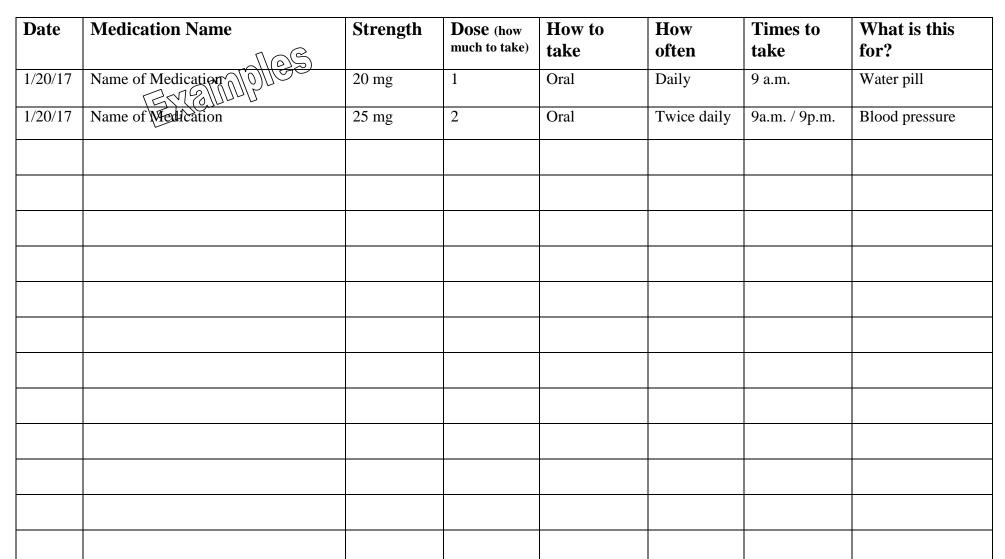
Daily/Regular Medication List Patient name: _____

Include all prescription and over-the-counter medications taken on a <u>daily or regular basis</u>, such as diabetes, high blood pressure, cholesterol, or heart medications, aspirin, skin creams and lotions, inhalers, injections, allergy medications, vitamins and herbal supplements. See examples below.



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Daily/Regular Medication List Patient name:

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Date	Medication Name	Strength	Dose (how much to take)	How to take	How often	Times to take	What is this for?
1/20/17	Name of Medication	20 mg	1	Oral	Daily	9 a.m.	Water pill
1/20/17	Name of Medication	25 mg	2	Oral	Twice daily	9a.m. / 9p.m.	Blood pressure

