

Medication List:

List all medications, the dosage and frequency and when you started taking it:

	Medication Name example: Aspirin	Dosage 81 mg	Frequency/Instructions 1 tablet daily
1			
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List all drug allergies: _____

Continued on back if more room needed

Medication List continued:

	Medication Name	Dosage	Frequency/Instructions
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30	List below any Hospitalizations you have had	Date	Reason
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