Medication Log

Name:	
Drug Allergies:	
Primary Doctor:	**Phone #:**
Pharmacy:	**Phone #:**
Diagnoses/Conditions:	
Notes:	

Name of Medication	Dosage (mg, units, drops)	When Taken (daily, at bedtime etc)	Reason for Taking (diabetes, hypertension etc)	Prescribing Physician	Comments/Notes

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