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Medication List for

DOB:

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Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

Medication	How I take it	Why I use it	Prescriber



**Allergies:**

A large, empty rectangular box with a light gray background, intended for the user to list their allergies.

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Medication List for

DOB:

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 **Side effects I have had:**

 **Other information:**



**My notes and questions:**