Medication summary table

List ALL medicines used including prescription medicines, over-the- counter, herbal and natural medicines.

My name

Local pharmacy contact number

Medication Name	Strength	Directions	Number and when to take			What is the medication for?	Date started	Date stopped
			Morning	Midday	Evening			
Example: Verapamil	*Example: 180mg SR*	*Example: Swallow whole ONE tablet daily; take with food*	*Example: 1*			*Example: For high blood pressure*	*Example: 12/1/20*	*Example: 12/3/20*