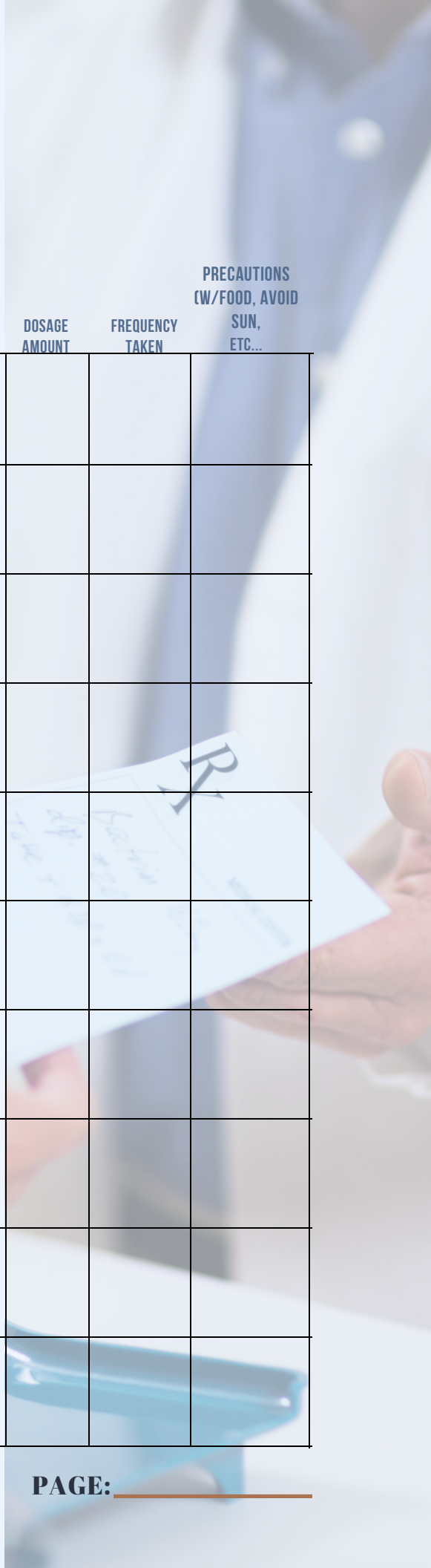
MEDICATIONS

LOG

MEDICATION/ SUPPLEMENT NAME	RX/ OTC	START DATE	PRESCRIBING DOCTOR	PRESCRIBED FOR	DOSAGE AMOUNT	FREQUENCY TAKEN	PRECAUTIONS (W/FOOD, AVOID SUN, ETC...



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