# MEDICATIONS LOG

## Current:

| Medication/Supplement Name | Rx/ OTC | Date Started | Prescribing Doctor | Prescribed For | Dosage Amount | Frequency Taken | Precautions (with food, avoid sun, etc…) |
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## Past:

| Medication/Supplement Name | Rx/ OTC | Date Started | Date Ended | Prescribing Doctor | Prescribed For | Dosage Amount | Frequency Taken | Reason Stopped |
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