



Prescription Medications

For _____

Name & Strength	Dosage	Prescribed For



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Allergies

For _____

<i>Ex: Penicillin</i>

Over the Counter Medications



For _____

Name & Strength	Dosage	Taken For
<i>Ex: Tylenol (Acetaminophen)</i>	325 mg	<i>2 tablets every 4 hr as needed</i>

Past & Current Medical Conditions

For _____

Medical Condition	Year Diagnosed	Current or Past



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Surgeries



For _____

Surgery	Year