

My Medication

My name: _____

Date: _____

My doctor: _____

My pharmacy: _____

This medicine is called...	It looks like a...	It's for my...	I take...	In the...
<p>_____ (name)</p> <p>_____ mg / mcg / g (strength) (circle one)</p>	<p>(circle one)</p> <p> Rounded rectangle  Round  Diamond  Oval</p> <p> Square  Capsule  Inhaler  Injection</p> <p>_____ (color)</p>	<p>_____ (what does it treat?)</p>	<p>_____ (how much? eg. 1 pill)</p> <p>_____ (how often? eg. Once a day)</p> <p>Taken with food? YES NO (circle one)</p>	<p>(circle one)</p> <p> Morning  Afternoon</p> <p> Evening  Night</p>
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