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ONE PAGE MEDICATION SUMMARY TEMPLATE

Keep prescriptions, over-the-counter medicines, and supplements in one place. Bring the current version to appointments and medication reviews.

Name:

Last updated:

Medication and supplement list

Name	Dose / strength	When / how I take it	Purpose / prescriber

Allergies / serious reactions

Questions or changes to review

Privacy reminder: This worksheet may contain private health information. Store it securely and share it only as appropriate.