Record of My Medicines and How Well They Work

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

| Medicine | Doso | How often I take it | How wall it is working | Prescribing |
|----------|------|---------------------|------------------------|-------------|
| Date: | | | | |

| Dose | How often I take it | How well it is working | Prescribing doctor |
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| | Dose | Dose How often I take it | Dose How often I take it How well it is working |



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