



**Your Name:**

**Date Last Updated:**

<b>Drug Name</b>  Include full drug name and any acronyms, such as ER, HCL, TAB, CAP, INJ, etc.	<b>Brand Name</b>  Check box if brand name is required	<b>Dosage</b> (mg/strength)  For eye drops, inhalers, creams, and gels, include how it is packaged	<b>Frequency</b>  List how often (the number of times) the medication is taken per day