American Heart Association.

My Medicine List

Name

Instructions:

- Write down all the medicines you take, including over-the-counter medicines, vitamins and herbs. Update your list as your medicines change.
- Example: Name of medicine = aspirin, Color = white, What is it for = blood thinner, Dose and number = 81 mg.-1 pill, Time = night, Special instructions = none
- If you are allergic to a medicine, or if you have had problems taking a medicine, write it at the bottom of the page.

LIST OF MEDICINES					
Name of medicine	Color	What it's for	Dose and number of pills or tablets to take	Time	Special instructions (such as "take with food")

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