

# 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.

Date:

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



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