



6.5 My Medication List

Name: _____ Date of Birth: _____

Name of medicine:	Date I started taking it:	Color and shape:	What is it for?	Dose:	How often do I take it?	What time(s) do I take it?	Do not take it with:
Example: <i>Advil</i>		<i>red round</i>	<i>back pain</i>	<i>1 pill 200 mg</i>	<i>When I need it for pain Every 6 hours</i>		
Example: <i>amoxicillin</i>	<i>1/1/13</i>	<i>pink oval</i>	<i>antibiotic</i>	<i>250mg</i>	<i>3 times a day For 2 weeks</i>	<i>Mealtimes</i>	



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