[](https://goo.gl/iQwJSc)**MEDICATION LIST TEMPLATE**

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| **NAME** |  | MEDICATION ALLERGIES | | | |
|  |  |  | | | |
| **DATE OF LAST UPDATE** |  |
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|  |  |  |  |  |  |
| MEDICATION LIST |  |  |  |  |  |
| **MEDICATION** | **DOSAGE STRENGTH** | **FREQUENCY** | **CONDITION MEDICATION TREATS** | **PHYSICIAN** | **NOTES** |
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