**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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