** Record detailed and <u>current</u> information about all medictions and supplements.

Carry current listing of medications with you at all times.**

CURRENT MEDICATIONS, HERBS, SUPPLEMENTS

Medications					
Name	Dose	#	Times taken	Total # per day	Why you take this Rx.
Supplements & Herbs					
Name	Dose	#	Times taken	Total # per day	Why you take this Rx.