## **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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