


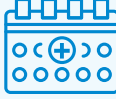
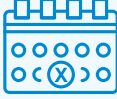









Healthy Living | Medication List

This Medication List Belongs To: _____

 I Take This Medication:	 How Much I Take:	Time of Day I Take This Medication:				 Why I Take This Medication?	 I Started Taking This Medication On:	 I Stop Taking This Medication On:	 I Was Told to Take This Medication By:
		 Morning	 Afternoon	 Evening	 Bedtime				
Ex: Aspirin	Ex: 81 mg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ex: My Heart	Ex: February 4, 2023	Ex: March 24, 2024	Ex: Dr. Smith