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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Doctor** | **Medication**  | **Waking** | **AM** | **PM** | **Bedtime** | **RX #** | **Expires**  | **Last Refill** | **Notes** |
| Jones, Mary | Brand/Generic name/ Dosage | 1 |  |  |  | 143463845817 |  | XX/XX/XX | Went to generic on XX/XX/XX |
| Jones, Mary | Brand/Generic name/ Dosage |  | 1 |  |  |  |  |  | Strength changed on XX/XX/XX |
| Jones, Mary | Brand/Generic name/ Dosage |  | 1 |  |  |  |  |  | With Food |
| Jones, Mary | Brand/Generic name/ Dosage |  |  | 1 |  |  |  |  | Without Food |
| Smith, Tom  | Nitroglycern Lingual Spr 4.9g |  |  |  |  |  | XX/XX/XX |  |  |
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| **Supplements** |  |  |  |  |  |  |  |  |  |
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| **Contact information** | **Vaccines** | **Medical Conditions**  | **Operations** |
| Dr. Jones phone number /email | Pneumonia XX/XX/XX | Heart Attack XX/XX/XXImplanted Stent (type/location | Gall Bladder removed XX/XX/XX (Doctor) |
| Drugstore phone number |  |  |  |
| Mail order phone number |  |  |  |
|  |  |  |  |
| **Allergies** |  |  |  |
|  |  |  |  |
| Medic Alert Pendant XX/XX/XXMember # XXXXXXXXX |  |  |  |