My medicines

Keep It Pumping™
www.KeepItPumping.com

Print this list and fill it out to share with everyone on your health care team. Be sure to update it any time you get a new prescription or stop taking an old one.

Prescription medicines	Dose	How often	Time of day
Over-the-counter medicines	**Dose**	**How often**	**Time of day**
Nutritional supplements / Vitamins	**Dose**	**How often**	**Time of day**

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