

ACTIVE DRUGS & MEDICATIONS RECORD

**THIS DOCUMENT
PREPARED FOR:**

**THIS DOCUMENT
PREPARED BY: ..**

LAST UPDATE:

Medication Name:	<input type="text"/>		
Generic Name:	<input type="text"/>		
Prescribed By:	<input type="text"/>		
Date Started:	<input type="text"/>	Date Ended:	<input type="text"/>
Dosage:	<input type="text"/>	Schedule:	<input type="text"/>
		Refills:	<input type="text"/>
Pharmacy :	<input type="text"/>	Phone:	<input type="text"/>
		Fax:	<input type="text"/>
Note:	<input type="text"/>		

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