My current prescription medications, over-the-counter (OTC) medications, vitamins, supplements, herbal products and traditional cultural medicines				
Name of Medication	**Reason Taken**	**Dose & Directions**	**Prescribing Provider**	**Notes**
Example: Metformin	*Diabetes*	*1000 mg twice a day*	*Dr. Joe Smith*	*Upsets stomach, have to take with food*
Example: Afrin	*Congestion*	*Two sprays no more than twice a day*	*OTC*	*Only use a few times per week*

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