RX Medications

Family Love Letter®

For:

Medication Brand Name	Generic Name	Reason for Medication	Dosage (How Much)	Frequency (How Often/Times Per Day)	Prescribing Dr. Name	Special Notes (Take Before Meals or On an Empty Stomach, etc.)	Start (ST) Discontinue (DC) Date
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* For information security, keep printed copy in a secure location and use password protection when saving the PDF document.

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