



MyGrayMatters Notebook Medications & Supplements

I take the following MEDICATIONS:
(prescription & over the counter)



1. (name) _____ (how often) _____

every (morning/evening) with a total dosage of _____

2. (name) _____ (how often) _____

every (morning/evening) with a total dosage of _____

3. (name) _____ (how often) _____

every (morning/evening) with a total dosage of _____

4. (name) _____ (how often) _____

every (morning/evening) with a total dosage of _____

5. (name) _____ (how often) _____

every (morning/evening) with a total dosage of _____

6. (name) _____ (how often) _____

every (morning/evening) with a total dosage of _____

7. (name) _____ (how often) _____

every (morning/evening) with a total dosage of _____

8. (name) _____ (how often) _____

every (morning/evening) with a total dosage of _____

9. (name) _____ (how often) _____

every (morning/evening) with a total dosage of _____

10. (name) _____ (how often) _____

every (morning/evening) with a total dosage of _____

