# Medication Log

| Name | Allergies | | | | | | |
|---|---|---|---|---|---|---|---|
| **Name of Medication** | **Date Started** | **Date Stopped** | **Dosage, Dosage Times** | **Special Instructions** | **Purpose** | **Prescribing Physician** | **Pharmacy** |
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| Physician Name | Specialty | Phone | Fax | | Pharmacy | Phone | Fax |
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