



“Brown Bag” Medication Review

Your Name: _____ Contact Number: _____

| MEDICATION NAME | DOSAGE | FREQUENCY | APPLICATION | FOR WHICH AILMENT | PRESCRIBED BY | DATE PRESCRIBED |
|-----------------|--------|-----------|-------------|-------------------|---------------|-----------------|
| SAMPLE | 25 MG | 2 per day | by mouth | Gout | DR. Smith | Jan 10, 2008 |
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Catalog **ALL** your prescriptions, over-the counter drugs and supplements

Pharmacist Name: _____ Number: _____