

**Medicine Chart**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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| NAME OF MEDICINE | COLOR | WHAT S IT FOR? | DOSE | HOW OFTEN & WHAT TIME | PRESCRIBING DOCTOR | PHARMACY PHONE NO. | SPECIAL INSTRUCTIONS | REFILL DATE |
| *Aspirin* | *white* | *blood thinner* | *1 pill* | *once daily at night* | *Dr. Jones* | *650-555-1234* | *Take with food* | *9/1/12* |
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