Date Prescribed Medication Name Reason for taking? Dose/Frequency (Example:10 mg / 2xc)	Your Name:		Prescription Log Date:	
Use this log to detail anything you consume that is not food. Please list all prescriptions, vitamins, supplements and any over-the-counter drugs you take even if they are a needed." Date Prescribed Medication Name Reason for taking? Dose/Frequency (Example:10 mg / 2xc) Date Prescribed Medication Name Reason for taking? Dose/Frequency (Example:10 mg / 2xc) Vitamin, Supplement & Over-the-Counter Drug Log How long have you Supplement Name Reason for taking?	 Is it your objective to r What is your preferred 	educe or discontinue any of the medication method for ingesting supplements/medic	ns listed below? Yes/ No Please Identify: ations: _LiquidsTablets CapletsNo pre	ference
Date Prescribed Medication Name Reason for taking? Dose/Frequency (Example:10 mg / 2xc	Use this log to detail anything y			ounter drugs you take even if they are only
How long have you Supplement Name Reason for taking? Dose/Frequency		Medication Name	Reason for taking?	Dose/Frequency (Example:10 mg / 2xday
How long have you Supplement Name Reason for taking? Dose/Frequency				
How long have you Supplement Name Reason for taking? Dose/Frequency				
	사람들은 사람들은 사람들은 얼마를 하면 하면 되었다.			Dose/Frequency (Example:10 mg / 2xday

Patient Name	e:									
Herb Log - Office Use Only										
Date Prescribed	Herb Name	Reason for taking?	Acute (A) Maintenance (M) Preventative (P)	Bottle Size (Lg / Sm)	Dose/Frequency (Example:2 tabs / 2xday)	Follow-up? Y/N	Staff Initials			
				-						
				-		-				
							-			
			-							
			-				-			