GSK *for you*

My Medicine Record

For: _____

Last updated: _____

Allergies: _____

Doctor: _____

Pharmacy: _____

Medicines

1 Drug and dose: _____

What it's for: _____

How to take it (how often and how much):

2 Drug and dose: _____

What it's for: _____

How to take it (how often and how much):

3 Drug and dose: _____

What it's for: _____

How to take it (how often and how much):

4 Drug and dose: _____

What it's for: _____

How to take it (how often and how much):

5 Drug and dose: _____

What it's for: _____

How to take it (how often and how much):

6 Drug and dose: _____

What it's for: _____

How to take it (how often and how much):

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