

**Medication List (Lista de Medicamentos)**

**Please Print Clearly (Por Favor Imprimir claramente)**

**Name of Medication Dosage (mg)/Frequency Reason/Condition Prescribed By**

**(Nombre de medicamento) (dosis (mg) /Frequencia) (Razon/Condicion) (recetado por)**

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**Drug Allergies (alergia a medicamentos):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Name(nombre): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB(fecha de nacimiento):\_\_\_\_\_\_\_\_\_\_**

**Today’s Date (fecha de hoy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**