

Prescription Medications Journal

1. Drug Brand Name _____

Generic Name _____

For treatment of _____

Dosage: How much _____ How often _____

Reactions or complications _____

Prescribing Physician _____

Date started _____ Date stopped _____

2. Drug Brand Name _____

Generic Name _____

For treatment of _____

Dosage: How much _____ How often _____

Reactions or complications _____

Prescribing Physician _____

Date started _____ Date stopped _____

3. Drug Brand Name _____

Generic Name _____

For treatment of _____

Dosage: How much _____ How often _____

Reactions or complications _____

Prescribing Physician _____

Date started _____ Date stopped _____



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4. Drug Brand Name _____

Generic Name _____

For treatment of _____

Dosage: How much _____ How often _____

Reactions or complications _____

Prescribing Physician _____

Date started _____ Date stopped _____

5. Drug Brand Name _____

Generic Name _____

For treatment of _____

Dosage: How much _____ How often _____

Reactions or complications _____

Prescribing Physician _____

Date started _____ Date stopped _____

6. Drug Brand Name _____

Generic Name _____

For treatment of _____

Dosage: How much _____ How often _____

Reactions or complications _____

Prescribing Physician _____

Date started _____ Date stopped _____

