

Meds/Nutrition and Why

Name _____

Please list all medications/nutritional supplements and the reasons you take them.

Medication/Nutrition - reason	Date	Date	Date	Date	Date	Date	Date	Date
	Dosage							
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								
13)								
14)								
15)								

Dr. Steven Kraskow, DC, PA

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