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## MEDICINE TRACKER

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### *Medicine Tracker*

Make sure to record all medications and supplements you are taking. Include those prescribed by your care team and those purchased at the pharmacy or health food store.

Place an “X” over the box once you’ve stopped taking a medicine. Be sure to make a note about why you have stopped.

# MEDICINE TRACKER

*Date:* \_\_\_\_\_

Name of medicine:	Dose:
Take how often:	What is it for:
Ordered by:	Chemo side effects noted:
Date started:	Date ended:

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