Complementary Therapies

(Over The Counter medications, herbal remedies or complementary therapies)

Name: ..... Strength/Mg: .....

Form taken: .....

Amount taken each day: .....

When taken each day: .....

Taken for: .....

Name: ..... Strength/Mg: .....

Form taken: .....

Amount taken each day: .....

When taken each day: .....

Taken for: .....

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Form taken: .....

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Taken for: .....