American Stroke Association.
A division of the American Heart Association.

MEDICATION TRACKER

Name: _____ Pharmacy Name: _____ Pharmacy Number: _____

NAME OF MEDICATION	COLOR	WHAT'S IT FOR?	DOSAGE	HOW OFTEN & WHAT TIME	PRESCRIBING DOCTOR	SPECIAL INSTRUCTIONS & NOTES	REFILL DATE
EXAMPLE Aspirin	white	blood thinner	15 mg	once daily at night	Dr. Jones	take with food	1/21/23

Allergies: _____

Learn more at stroke.org

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