



Easy Read Leaflet



My Medication Book

Name:

The name of my medication is:



Stick a photo of your medication here:



The date I started to take it:



How much I take and when I take it:



I am taking it because:

Important things to remember: eg. side effects, avoid alcohol



The date and reason I stopped taking it:



The name of my medication is:



Stick a photo of your medication here:



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