My Medication List: Non-VA Meds | Over-the-Counter Meds | Herbals | Supplements

Name of Medication	I take this amount (example: mg, g)	This is how I take it (example: by mouth)	I take it for this (example: high blood pressure)	This is when I take it (example: before bed)	This is who told me to take it (example: doctor, person or myself)