RECORDS MATRIX for Rx, Supplements, Other

#	Trade / Generic Name of Rx, Supplement, Other	Reason for Taking	Date started taking	Doctor or Other who Prescribed or Recommended	Color, Shape, Form (liquid, tab, capsule)	Dose / Frequency	Additional Instructions or Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							