

CENTRAL KANSAS CANCER CENTER MEDICATION LIST

What I'm taking	Form (pill, injection, liquid, patch, etc.)	Dosage	How Much and When	Use (regularly or occasionally)	Start/Stop Dates (1/5/05 - 3/5/05) (1/5/05 - ongoing)	Notes, Directions, Reasons for Use
* Be sure to include ALL prescription drugs over-the-counter drugs, vitamins, and herbal supplements.						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						