# MEDICINE CHART

**Name:** _____ **DATE:** _____

MEMORIAL HERMANN Medical Group

| NAME OF MEDICINE AND STRENGTH | WHAT'S IT FOR? | DOSAGE, HOW OFTEN AND WHAT TIME | PRESCRIBING DOCTOR | SPECIAL INSTRUCTIONS | REFILL DATE |
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| **ALLERGIES TO MEDICINES:** | | | | | |

**Referral line: 713.448.4800** **mhmedicalgroup.org**

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