

Name: _____

Medication & Supplement Inventory

Date: _____

A tool to facilitate communication (among the resident, family, caregiver & healthcare professionals) about medications & supplements used. Review every 6 months.

Name of Drug or Supplement	Prescription Number	Doctor's Name	Date Issued	Quantity	Cost	Refill? Yes/NO	Purpose	Mg per Tablet	Dosage: Quantity / Time of Day
									Qty:
	Note Side Effects (constipation, diarrhea, nausea, etc.):								Time:
									Qty:
	Note Side Effects (constipation, diarrhea, nausea, etc.):								Time:
									Qty:
	Note Side Effects (constipation, diarrhea, nausea, etc.):								Time:
									Qty:
	Note Side Effects (constipation, diarrhea, nausea, etc.):								Time:
									Qty:
	Note Side Effects (constipation, diarrhea, nausea, etc.):								Time:

Many medications and supplements have constipating side effects. Avoid constipation and impactions with doctor recommended Fruit-Eze™ Regularity Blend.

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