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| PERSONAL MEDICATION LIST FOR | DOB: |
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| Medication: | |
| How I use it: | |
| Why I use it: | Prescriber: |
| Date I started using it: | Date I stopped using it: |
| Why I stopped using it: | |

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| Other Information: |
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If you have any questions about your action plan, call Member Services at 1-833-230-2020 (TTY: 1-800-750-0750 or 711). We are open 8 a.m. to 8 p.m. EST, seven days a week from October 1 to March 31, and Monday through Friday the rest of the year.

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