



FROM



superior
healthplan™

Medication and Symptom

JOURNAL

Ambetter.SuperiorHealthPlan.com

SHP_202511541C

MY MEDICATIONS

Medication Name	Time of Day Taken	Dosage	Start Date	End Date

**Please see inside back cover for an example and important contacts.*

Today's Date

Medication Name/Dosage

Time Taken

(morning, noon, evening)

Amount Taken

Comments

(Symptoms, Side Effects, Feelings, Etc.)

How do you feel today?



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Medication Name/Dosage

Time Taken

(morning, noon, evening)

Amount Taken

Comments

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Time Taken

(morning, noon, evening)

Amount Taken

Comments

(Symptoms, Side Effects, Feelings, Etc.)

How do you feel today?



Today's Date		
Medication Name/Dosage	Time Taken (morning, noon, evening)	Amount Taken
Comments (Symptoms, Side Effects, Feelings, Etc.)		How do you feel today?   

My Pharmacy's number is	My Doctor's number is
My Care Manager/Care Coordinator's name is	My Care Manager/Care Coordinator's number is

For more information including how to find a provider, frequently asked questions, and helpful resources - please visit us at Ambetter.SuperiorHealthPlan.com.

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