Medication list for an ENT visit

Date range _____ Name or initials (optional) _____

Exact product / active ingredient	How I actually used it	Most recent use / timing	Who advised it / uncertainty

Mark a missed check “not recorded”. Mark uncertain times as estimates. A pattern does not establish a cause. Follow the product leaflet and your own care instructions.

My question

Personal observations only. Not clinically reviewed. These sheets do not diagnose symptoms or replace your care team’s instructions. Do not delay care to complete a diary.