

VITAMIN & SUPPLEMENT LOG

Month/Year: _____

Name: _____

Physician: _____

SUPPLEMENT NAME	DOSAGE	TIME/FREQUENCY	PURPOSE	WEEKLY TRACKING (S M T W T F S)	REFILL DATE
				S	
				M	
				T	
Vitamin D3	5000 IU	Morning w/ Food	Bone Health	W	
				T	
				F	
				S	
				S	
				M	
				T	
Magnesium Glycinate	400 mg	Before Bed	Sleep/Relax	W	
				T	
				F	
				S	

SUPPLEMENT NAME	DOSAGE	TIME/FREQUENCY	PURPOSE	WEEKLY TRACKING (S M T W T F S)	REFILL DATE
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NOTES & SIDE EFFECTS:

Disclaimer: This chart is for personal tracking only. Always consult with a healthcare professional before starting new supplements.