# Supplements

BARTON SPECTOR WEALTH STRATEGIES

**For:**

| Non-prescription Vitamins, Herbals, OTC, etc. | Reason for Supplement | Dosage (How Much) | Frequency (How Often/Times Per Day) | Prescribing Dr. Name | Special Notes (Take Before Meals or on an Empty Stomach, etc.) | Start (S) Discontinue (D) Date |
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