

# MY MEDICATION LIST



<b>Name:</b>	
<b>Date of birth:</b>	<b>Date prepared:</b>
<b>PCP name:</b>	<b>PCP phone #:</b>

This medication list may help you keep track of your medications and how to use them the right way.

## Instructions:

- › Use this blank form to add prescription medications, over the counter drugs, herbal products, vitamins, and minerals.
- › Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- › Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit.
- › If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

<b>Allergies to medications:</b>
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<b>Drug name:</b>	<b>How I take it:</b>
<b>Doctor:</b>	
<b>What I use medication for:</b>	
<b>Notes:</b>	



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<b>Drug name:</b>	<b>How I take it:</b>
<b>Doctor:</b>	
<b>What I use medication for:</b>	
<b>Notes:</b>	

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If you have any questions about your medication list, call your physician or pharmacist.



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