

MEDICATIONS LIST

PREVENT MEDICATION ERRORS!! NEVER assume that your physician knows what medication(s) that you are taking. Carry this list with you at all times. Frequently update your list as your medication(s) change.

NAME _____ BIRTHDAY _____ DATE LIST WRITTEN _____ UPDATED _____

ALLERGIES _____

MY PHARMACY _____ CITY _____ PHONE _____

MEDICATIONS	DOSAGE	TIMES A DAY	REASON FOR TAKING	UPDATED/INT			

PLEASE INCLUDE ALL OVER THE COUNTER MEDICATIONS, VITAMINS, HERBS, CREAMS, INHALERS, EYE DROPS & AS NEEDED MEDICATIONS!!!