


My Personal Medication Record-Keep it Handy

- List all prescriptions, over-the-counter drugs, vitamins and herbs.
- Bring this to every doctor's appointment and if you go to the emergency room or hospital. Date: _____

Name and Dose of Medication	This Medicine is for my	How Often	When to take				Notes/Questions 
			Morning 	Noon 	Evening 	Bedtime 	

If you have any problems with your medicine- do not wait. Talk to your doctor right away.

Patient Name: _____

Allergies: _____

Doctor Phone Number: _____

Pharmacy Name & Phone Number: _____



