

MY MEDICATION RECORD

Patient Name:		Date of Birth:	
Pharmacy:		Pharmacy Phone:	
Medication Allergies:			

Include all of your medicines on this record: prescription medicines, nonprescription medicines, herbal products, and other supplements.

Always carry your medicine record with you and show it to all your doctors, pharmacists, and other healthcare providers.

Drug		I take this for...	When do I take it?				Doctor	Special Instructions
Name	Dose		Morning	Noon	Evening	Bedtime		

Take these only when you need them								