

650 Ave. Muñoz Rivera, Ste 701, San Juan, P.R. 00918-4115

PERSONAL MEDICATION LIST FOR DOB:		
This medication list may help you keep track o the right way.	of your medications and how to use them	
 Use blank rows to add new medications the dates you started using them Cross out medications when you no long them. Then write the date and why you st using them Ask your doctors, pharmacists, and other healthcare providers to update this list at exist. 	ger use copped prescription drugs over the counter drugs herbals vitamins	
If you go to the hospital or emergency room, take amily or caregivers too.	ke this list with you. Share this with your DATE PREPARED:	
Allergies or side effects:		
Medication:		
How I use it:		
Why I use it:	Prescriber:	
Notes:		
Date I started using it:	Date I stopped using it:	
Why I stopped using it:		



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PERSONAL MEDICATION LIST FOR	
DOB:	
(Continued)	
Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	
Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	



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PERSONAL MEDICATION LIST	'FOR
DOB:	
(Continued)	
Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	
-	
Medication:	
How I use it:	
Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
Why I stopped using it:	
Other Information:	

If you have any questions about your medication list, call us at 1-855-831-3592 Monday through Friday from 8:00 a.m. - 5:00 p.m. TTY users should call at 1-855-296-8965.