

Medication List

Prepared on: _____



Bring your Medication List when you go to the doctor, hospital, or emergency room. And share it with your family or caregivers.



Note any changes to how you take your medications.
Cross out medications when you no longer use them.

Medication	How I take it	Why I use it	Prescriber
<i>< Insert generic name and brand name, strength, and dosage form for current/active medications ></i>	<i>< Insert regimen, (e.g., 1 tablet by mouth daily), use of related devices, and supplemental instructions as appropriate ></i>	<i>< Insert indication or intended medical use ></i>	<i>< Insert prescriber name ></i>

Medication	How I take it	Why I use it	Prescriber



Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

Medication	How I take it	Why I use it	Prescriber

 **Allergies:**

< *Insert allergy information* >

 **Side effects I have had:**

< *Insert side effect information* >

 **Other information:**

< *Optional* >



My notes and questions:

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ATENCIÓN: si usted habla español, servicios de asistencia lingüística están disponibles libre de cargos para usted. Llame al: 1-888-620-1919 (TTY: 1-866-620-2520).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-620-1919 (TTY: 1-866-620-2520)。

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-620-1919 (TTY: 1-866-620-2520).