## **My Medication List**

Doctor : Pharmacy :		Phone :	
List all prescriptions, over-the-cou	unter medicines, vitamins, herbs,	dietary supplements, oxygen, inh	alers and homeopathic remedie
Medication Name/ Date Started	<b>Dose</b> (mg, units, drops)	When Take (daily, at bedtime, etc.)	Reason for Taking (blood pressure, diabetes, etc.)