My Medication Record

List prescriptions. Over-the-counter drugs, vitamins, and herbal medicine.
Bring this form to doctor's appointments, emergency department or hospital visits.
If you have any complications with medications, immediately contact your doctor.

Date:/ Pa	atient name:		
Pharmacy name:		Phone:()
	ame:	Phone:(_)
	Medication		N /

Medication name/dose	Medication treats (condition):	Medication frequency:				Note/ question:
	(condition).	Morning	Afternoon	Evening	Bedtime	