Medication List for:	 DOB:	



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

<b>Medication</b>		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 List for:			DOB:	

Alle	rgies:		

	Medic	cation List for:	DOB:
V	Side effects I have had:		
Y	Other information:		

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My notes and questions: