






My Personal Medication Record – Keep it Handy

- List all prescriptions, over-the-counter drugs, vitamins and herbs.
- Bring this to every doctor’s appointment and if you go to the emergency room or hospital. Date: _____

Name and Dose of Medication	This Medicine is for my _____	How Much and How Often?				Notes/Questions 
		Morning 	Noon 	Evening 	Bedtime 	
Example: Simvastatin 40 mg	Example: High cholesterol	Example: 1 pill				Example: Ordered by Dr. Brown / After I brush my teeth

If you have any problems with your medicine – do not wait. Talk to your doctor right away.

Patient Name: _____ Allergies _____

Doctor Phone Number: _____

Pharmacy Name & Phone Number: _____

