



Last update \_\_\_\_\_

Pharmacy & Phone \_\_\_\_\_

Date of birth \_\_\_\_\_

Write down all your prescriptions, over-the-counter medicines, vitamins, herbs, dietary supplements, oxygen, inhalers and homeopathic remedies

| Medication name & date started | Dose (Mg, units, drops) | When taken (Daily, at bedtime) | Reason for taking (Blood pressure, diabetes, ) | Prescribing health care provider & phone number |
|--------------------------------|-------------------------|--------------------------------|--|---|
|                                |                         |                                |  |   |
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Complete this form and keep it in your folder at all times. Keep this list current by updating your medication information often. Place your file in your emergency kit. for quick access by first responders and emergency personal. Bring your file with you to any visit to the hospital or emergency care center.

 Medication list continued on back

