

# Medication List



for (name) \_\_\_\_\_ Prepared on (date): \_\_\_\_\_

» 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
(Insert generic name and brand name, strength, and dosage form for current/active medications)	(Insert regimen, [e.g., 1 tablet by mouth daily], use of related devices, and supplemental instructions as appropriate)	(Insert indication or intended medical use)	(Insert prescriber name)

» Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

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Allergies:

Side effects I have had:

Other information:

My notes and questions: