






# 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: \_\_\_\_\_



