

Medications for _____

Medication Allergies _____

List prescription drugs, over-the-counter drugs, vitamins and herbal supplements.
Write down a name and phone number to call if you have questions.

Chart Updated _____

Pharmacy Name/Phone _____



Medication Name	Dosage	Time of Day to Take				Notes
Prescribing Physician / Number	How Often	Morning	Noon	Evening	Bedtime	Side Effects / Danger Signs
Medicine Name	50 mg	X		X		Take w/food
Dr. Who 123.456.7890	2x/day					Possible rash - notify Dr.
Dr.						
Dr.						
Dr.						
Dr.						
Dr.						
Dr.						
Dr.						
Dr.						

Medications for _____

[illegible]