Patient Medication Record

Allergies or sensitivities to drugs or materials: _____

_____

Date Started	Date Ended	Medication Name	What is it for?	Dose	How Often?	Prescribed by: Doctor and Phone #

For more information on safe and effective medicine use, please ask your Physician or Pharmacist.

This handy form can help you use medicine safely. Keep it up-to-date and take it with you to each doctor and hospital visit.