## My Medication Record

List prescriptions, over-the-counter drugs, vitamins and herbal medicines. Bring this form to doctor's appointments, emergency department or hospital visits. If you have any complications with medications, immediately contact your doctor.

	Phone: (I		
	Phone: (i		
imary doctor name:		Phone: ()	
Medication treats (condition):	Medication frequency:	Notes/ questions	
	treats	treats frequency:	

