My medication list

Print and fill in offline. Bring this list and any unclear containers to your appointment.

Name: _____ Updated: _____

Allergies and reactions: _____

Pharmacy / phone: _____

Clinician / phone: _____

Medicine / product	Strength / form	Amount / schedule	Reason	Prescriber / notes

Questions, recent changes and follow-up instructions

Include prescriptions, over-the-counter products, vitamins, supplements and as-needed items.

Copy your label and actual use. Ask your clinician or pharmacist to resolve unclear instructions.