

This handy form can help you use medicine safely. Keep it up-to-date, and bring it with you to each hospital or doctor's visit.

**MY MEDICATION RECORD (PRESCRIPTION, NON-PRESCRIPTION,  
OVER-THE-COUNTER, HERBAL)**

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICINES YOU ARE ALLERGIC TO: \_\_\_\_\_

MEDICATION NAME	WHAT IS IT FOR?	DOSE	HOW OFTEN?	PRESCRIBED BY: (PHONE #)
<i>Example: Aspirin</i>	<i>Headache</i>	<i>200 mg</i>	<i>Once per day</i>	<i>Dr. John Doe, 123-456-7890</i>

For more information on safe and effective medicine use, ask your pharmacist or contact:



*American Society of Health-System Pharmacists  
7272 Wisconsin Avenue  
Bethesda, MD 20814  
(301) 664-8799  
www.SafeMedication.com*

A community service brought to you by the doctors and staff of:

**Central Phoenix Eye Care  
A Vision Source Affiliate**

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**fax 602-265-6811**

(my medication list/05/2006)