



# My Medication List



Keep this list updated any time your prescribed medication, dosage, or frequency changes. Keep a copy in your emergency kit. Always take your medication list to doctor's visits and to the hospital. Complete a second page if you are on more than seven medications.

**Name:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_

<b>MEDICATION</b> Include name brand and generic name, if applicable	<b>DOSAGE</b> List the amount of each dose (e.g., # mg)	<b>FREQUENCY</b> How many times per day medication is taken	<b>NOTES</b> Include if this medication should be taken with food, taken on an empty stomach, or other special instructions