

MY MEDICATION RECORD					
<b>Patient Name:</b> _____ <b>Patient Birth Date:</b> _____					
Include all of your medications on this record: prescription medications, nonprescription medications, herbal products and any dietary supplements. Always carry your medication record with you and show it to all your doctors, pharmacists and other health care providers.					
Drug Name	Drug Dose	Take for...	When I take it	Doctor	Special Instructions

Drug Name	Drug Dose	Take for...	When I take it	Doctor	Special Instructions