### My Medication List – Keep It Handy

- List everything you take—prescription drugs, over-the-counter drugs and herbal supplements—in the table below.
- Take this list to every doctor’s appointment, if you go to the emergency room or hospital, and when you go to the pharmacy.
- Don’t run out of your medicine—ask your doctor for a new prescription or get a refill from your pharmacist.

**Date:** _________________________

**Name and Dose of My Medicine** | **This medicine is for** | **When do I take it and how much?** | **I will remember to take my medicine**
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Example: Hydrochlorothiazide 25 mg | Example: Hypertension (high blood pressure) | Example: 1 pill | Example: After I brush my teeth

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<table>
<thead>
<tr>
<th>Name of Primary Care Provider:</th>
<th>Name of Pharmacist:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
<td>____________________</td>
</tr>
</tbody>
</table>

**Phone Number:** _________________________  **Phone Number:** _________________________

If you have any problems with your medicine, do not wait. Talk to your health care provider or pharmacist right away.