

# My Medication List

Medication List for: \_\_\_\_\_  
*Name*

Pharmacy 1: \_\_\_\_\_

Phone #: \_\_\_\_\_

Created on: \_\_\_\_\_  
*Date*

Pharmacy 2: \_\_\_\_\_

Phone #: \_\_\_\_\_

Pharmacy 3: \_\_\_\_\_

Phone #: \_\_\_\_\_

Medication Name	Reason You Take It	Dosage (How much you take)	Directions (When and how you take it, i.e. with food or on an empty stomach)	Doctor (Name, Phone #, and Fax #)	Next Refill