



## PERSONAL MEDICATION LIST FOR

This medication list was made for you after we talked. We also used information from .

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

Keep this list up-to-date with:

- prescription medications
- over the counter drugs
- herbals
- vitamins
- minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

## DATE PREPARED:

Allergies or side effects:	
Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

PERSONAL MEDICATION LIST FO	OR .
(Continued)	
Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	
<b></b>	
Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	
Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	
-	
Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	
Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

PERSONAL MEDICATION LIST FOR		
(Continued)		
Medication:		
How I use it:		
Why I use it:	Prescriber:	
Date I started using it:	Date I stopped using it:	
Why I stopped using it:		
Medication:		
How I use it:		
Why I use it:	Prescriber:	
Date I started using it:	Date I stopped using it:	
Why I stopped using it:		
<b>Medication:</b>		
How I use it:		
Why I use it:	Prescriber:	
Date I started using it:	Date I stopped using it:	
Why I stopped using it:		
Other Information:		

If you have any questions about your medication list, call 321.434.4396.

If you have any questions or need further assistance, please call Customer Service toll free at 1.855.882.6467 (TTY/TDD relay: 1.800.955.8771) weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 to March 31, we're available seven days a week from 8 a.m. to 8 p.m.

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