MY MEDICATIONS

List your over-the-counter and prescription meds below. Keep this list with you in case of emergencies and bring it to all your doctor visits.

Name: ..... Phone: .....
Physician: ..... Phone: .....
Emergency contact:..... Phone: .....

Medication name and strength (Ex: med name; 40mg)	**Dose** (Ex: number of tablets)	**When do you take it?** (Ex: once a day)	**Why do you take this?** (Ex: high blood pressure)

Teaming up for healthy.

North Memorial Clinic | LUNDS&BYERLYS PHARMACY