

Prescription Drugs

Name:						(mg, mcg, etc.)				
requency/Times of day: Date began:_										
Special directions (e.g., with food) and cau	itions (e	g., no	alc	oho	ol): 					
Reason:										
Prescribed by (name of doctor): From (pharmacy):										
From (pharmacy):	Refills (circle):	1	2	3	4	5	6	*Need	new refill
Issues to discuss at my next appointment:										
Name:	Strength:							(mg, m	cg, etc.)	
Frequency/Times of day:		_ Date	be	gan	ı:					
Special directions (e.g., with food) and cau	ıtions (e	g., no	alc	ohc	ol): 					
Reason:										
Prescribed by (name of doctor): From (pharmacy):										
From (pharmacy):	Refills (circle):	1	2	3	4	5	6	*Need	new refill
Issues to discuss at my next appointment:										
Name:		Streng	th:						(mg, m	cg, etc.)
Frequency/Times of day:		_ Date	be	gan	ı:					
Special directions (e.g., with food) and cau	itions (e	g., no	alc	oho	ol): 					
Reason:										
Prescribed by (name of doctor):										
From (pharmacy): Issues to discuss at my next appointment:	Refills (circle): 	1	2	3	4	5 	6	*Need	new refill
Name:										
Frequency/Times of day:										
Special directions (e.g., with food) and cau	ıtions (e	g., no	alc	ohc	ol): 					
Reason:										
Prescribed by (name of doctor):	· · ·									
From (pharmacy):	Refills (circle):	1	2	3	4	5	6	*Need	new refill
Issues to discuss at my next appointment:										

Over-the-counter medicines (Non-prescription)

ame: Strength: equency/Times of day: Date began:					
Date began:					
cautions (e.g., no alcohol):					
					
Refills (circle): 1 2 3 4 5	6 *Need new refill				
nt:					
Strength:	(mg, mcg, etc.)				
Date began:					
cautions (e.g., no alcohol):					
Refills (circle): 1 2 3 4 5	6 *Need new refill				
nt:					
Strength:	(mg, mcg, etc.)				
Date began:					
cautions (e.g., no alcohol):					
Refills (circle): 1 2 3 4 5 nt:					
Strongth.	(ma mca etc.)				
21160000.	(1119, 11109, 010.)				
Strength:					
Date began: cautions (e.g., no alcohol):					
Date began: cautions (e.g., no alcohol):					
Date began: cautions (e.g., no alcohol):					
Date began: cautions (e.g., no alcohol):	6 *Need new refill				
	Refills (circle): 1 2 3 4 5 Strength: Date began: cautions (e.g., no alcohol): Refills (circle): 1 2 3 4 5 nt: Strength: Date began: Strength: Date began: Cautions (e.g., no alcohol): Refills (circle): 1 2 3 4 5				

Vitamins, herbals, dietary supplements

ame: Strength: equency/Times of day: Date began:					
Date began:					
cautions (e.g., no alcohol):					
					
Refills (circle): 1 2 3 4 5	6 *Need new refill				
nt:					
Strength:	(mg, mcg, etc.)				
Date began:					
cautions (e.g., no alcohol):					
Refills (circle): 1 2 3 4 5	6 *Need new refill				
nt:					
Strength:	(mg, mcg, etc.)				
Date began:					
cautions (e.g., no alcohol):					
Refills (circle): 1 2 3 4 5 nt:					
Strongth.	(ma mca etc.)				
21160000.	(1119, 11109, 010.)				
Strength:					
Date began: cautions (e.g., no alcohol):					
Date began: cautions (e.g., no alcohol):					
Date began: cautions (e.g., no alcohol):					
Date began: cautions (e.g., no alcohol):	6 *Need new refill				
	Refills (circle): 1 2 3 4 5 Strength: Date began: cautions (e.g., no alcohol): Refills (circle): 1 2 3 4 5 nt: Strength: Date began: Strength: Date began: Cautions (e.g., no alcohol): Refills (circle): 1 2 3 4 5				