This Medication Record is for:

(please print all information)		name last, first					
Aller	gies:		[] No known drug allergies				
#1 Pharmacy name and phone:				Name of Primary Care Doctor or Practitioner:			r Practitioner:
#2 Pharmacy name and phone:				Doctor or Practitioner's Phone:			
start	Name of Medicine			Times t			Purpose
date	(include strength - dose - frequency)		Morn	Noon	Eve	Bed	
		prescribed by:					
	other name						
		prescribed by:					
	other name						
		prescribed by:					
	other name						
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	other name			XX 71 .	· 1 C		

QUESTIONS TO ASK YOUR DOCTOR / PRACTITIONER

- * Why am I taking this medicine?
- * How long am I to take it?
- * Should I take it on an empty stomach or with food?
- * What should I do if I forget to take it?

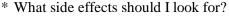
Definitions:

- GENERIC MEDICINE A drug that has the same medicine as the brand name drug. This will work the same way as the brand name drug but often costs less.
- **PRESCRIPTION MEDICINE** A drug that can only be bought with permission from the doctor.

 $\boldsymbol{START}\;\boldsymbol{DATE}$ - the date that you first started taking this medication.

Read medication labels carefully. Record herbal and other supplements you are taking on the revrese side of this form.

Maintain this medication record with your other important medical documents. Keep it updated and with you at all times.



- * Is it safe to drink alcohol with it?
- * Under what circumstances should I call you?
- * Could I save money by using a generic drug that would be equally effective?



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