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| PERSONAL MEDICATION LIST FOR | DOB: |
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This medication list may help you keep track of your medications and how to use them the right way.

- 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 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:

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| Medication: | |
| How I use it: | |
| Why I use it: | Prescriber: |
| Notes: | |
| Date I started using it: | Date I stopped using it: |
| Why I stopped using it: | |

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| How I use it: | |
| Why I use it: | Prescriber: |
| Notes: | |
| Date I started using it: | Date I stopped using it: |
| Why I stopped using it: | |

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| Other Information: |
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If you have any questions about your medication list, call your physician, pharmacist, or the Medication Management Center toll free at 1-866-218-6646, Monday through Friday, 7 a.m. to 5 p.m., Pacific Time. TTY/TDD users, please call 1-800-367-8939.

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