Medications I am currently taking:

Medication Name	Generic Name	Dose	How Often	Why I am taking it

fold here

My allergies and medications I cannot take:

Medication/Allergy	What happens when I take it

fold here

My Medications

Bring this chart with you each time you visit the doctor or hospital.

Name: _____

Primary Physician: _____

Pharmacy: _____

Compliments of

Redington-Fairview General Hospital

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