

Medicine List Card

Fill in this form to help you keep track of all the medicines you are taking. Bring it to doctors' appointments, pharmacy visits or to the hospital. Be sure to include all prescription medicines, nonprescription medicines, herbals, vitamins and minerals you are taking. Keep this list up to date.



Name _____

Date of Birth _____ Telephone _____

Name of Medicine, Vitamin, Herbal, or Mineral		What it is for	When to take it	How much to take	Call to refill by this date	Prescribed by
Brand Name	Generic Name					

Allergies _____

Emergency Contact _____

Doctors' Name (s) _____

Telephone _____

Relationship _____

Telephone (home) _____

Pharmacy _____

Telephone _____

Telephone (cell) _____

For questions about your medicine, please call NYC Poison Control Center at 1-800-222-1222

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