



# “My Medication Facts”

Your name \_\_\_\_\_

**Write down facts about each prescription and all other products you take regularly.** Photocopy as many copies of this page as you need. Use one copy for each product. Keep them in your purse or wallet. Add to your set when you start taking a new product, and remove ones that you no longer use. Take them with you when you go to get health care or go on a trip. If you need help making the list, ask your health care provider for assistance.

Name and dosage of medicine or product \_\_\_\_\_

Its form, color, or shape \_\_\_\_\_

Time(s) of day to take each dose and how to take it \_\_\_\_\_

What you take it for \_\_\_\_\_

Potential side effects \_\_\_\_\_

Name and phone number of where you buy it \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



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