Personal Medication Record

Prescription Medications I am Taking Regularly or As Needed

Name/Strength

Directions
Purpose
Prescriber
Name/Strength
Directions
Purpose
Prescriber
Name/Strength
Directions
Purpose
Prescriber
Name/Strength
Directions
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Prescriber
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Name/Strength
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Prescriber
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Name/Strength
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Prescriber
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Name/Strength
Directions
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Name/Strength
Directions
Purpose
Prescriber

Non-Prescription Medications I am Taking Regularly or As Needed

Name/Strength
Directions
Purpose
Prescriber
Name/Strength
Directions
Purpose
Prescriber
Name/Strength
Directions
Purpose
Prescriber
Name/Strength
Directions
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Name/Strength
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Prescriber
Name/Strength
Directions
Purpose
Describes

Medical Values to Monitor

Date	Blood Pressure	e Weight	Cholesterol	Immunizations
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	3 3			
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	13 /22			
		A		

This information is the property of:
Name
Address
Phone Number
In case of emergency contact:
Name
Relationship
Phone Number
Doctor
Doctor's Phone Number
Pharmacy
Pharmacy's Phone Number
Conditions I am being treated for:
Allergies and Drug Sensitivities: