

My Medications

Keep track of all medications you are prescribed while in the hospital.

When you get home add all other medications—including over-the-counter, vitamins and herbs—to this list. Update your list as needed.

Medication: _____

(include brand and generic names)

Dose: Take _____ times per day at *(circle all that apply)*: 12–1 a.m. / 2–3 a.m. / 4–5 a.m. / 6–7 a.m.

8–9 a.m. / 10–11 a.m. / 12–1 p.m. / 2–3 p.m. / 4–5 p.m. / 6–7 p.m. / 8–9 p.m. / 10–11 p.m.

Reason for taking: _____

Prescribed by: _____ Date started: _____

Pharmacy name and number: _____ / _____

Medication: _____

(include brand and generic names)

Dose: Take _____ times per day at *(circle all that apply)*: 12–1 a.m. / 2–3 a.m. / 4–5 a.m. / 6–7 a.m.

8–9 a.m. / 10–11 a.m. / 12–1 p.m. / 2–3 p.m. / 4–5 p.m. / 6–7 p.m. / 8–9 p.m. / 10–11 p.m.

Reason for taking: _____

Prescribed by: _____ Date started: _____

Pharmacy name and number: _____ / _____

Medication: _____

(include brand and generic names)

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Reason for taking: _____

Prescribed by: _____ Date started: _____

Pharmacy name and number: _____ / _____