My Medication List

Community Regional Medical Center

Name: _____ Physician 1: _____ Phone: _____

Address: _____ Physician 2: _____ Phone: _____

City: _____ State: _____ Zip: _____ Physician 3: _____ Phone: _____

Birthdate: _____ Pharmacy 1: _____ Phone: _____

Emergency Contact: _____ Pharmacy 2: _____ Phone: _____

Relationship: _____ Phone: _____ Pharmacy 3: _____ Phone: _____

Medical History: _____

Drug Allergies: _____

Medication	Dose	Morning	Afternoon	Evening	Bedtime
(EXAMPLE) Lipitor	20 mg				✓

***REMEMBER TO UPDATE YOUR MEDICATIONS – Mark out medications that are discontinued. Add new medications started**

Community Regional Medical Center – Department of Pharmacy Services 559.459.3923