MEDICATION INFORMATION

SafeMedication
Your Trusted Source of Drug Information

FOLD ALONG THE DOTTED LINE

QUESTIONS FOR MY **PHARMACIST**

1	
2	
3	
4	
5	
6	

PATIENT INFORMATION

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

IN CASE OF EMERGENCY:

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor: _____ Phone: _____

NOTES

QUESTIONS FOR MY **PRESCRIBER**

1	
2	
3	
4	
5	
6	

Your Trusted Source for Taking

Medication Safely

SafeMedication

safemedication.com

MY **MEDICATIONS**

MEDICATION NAME	STRENGTH	FORM	HOW/ WHEN SHOULD I TAKE THIS MEDICATION?	WARNINGS/SPECIAL CONSIDERATIONS	COMMENTS

**Consider updating this list every three months and/or each time that you have a medication change or change in your condition.*

This list was last updated on _____