

# My Medicines List For Doctors, Dentists & Other Health Professionals

**Name:**  
**Date of Birth:**  
**My Pharmacy:**  
**Pharmacy Phone:**

**If there is an emergency, please call:**

**Name:**  
**Phone:**

I am allergic to:

These medicines can cause me problems:

Drug name and strength	Time of day I take it	How many I take	Why I take it	Doctor's name
(example) Levothyroxine 25mcg	Morning on an empty stomach	1 daily	Thyroid	Dr. Smith

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I also take this vitamin, mineral, herbal or over-the-counter medicine	Time of day I take it	How many I take	Why I take it

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