Allergies & Reactions:

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Keep a current list of every medicine you are taking

- ❖ Prescriptions
- ❖ Over-the-counter medicines
- ❖ Dietary supplements such as vitamins and herbs

Make sure ALL your doctors know what you are taking. Give them a copy of your list. If necessary, bring your medicines with you so your doctor(s) can see them.

My Primary Physician:

Name:_____
City:_____
Phone:_____

My Pharmacy:

Name:_____
City:_____
Phone:_____

Emergency Contact:

Name:_____
Phone:_____
Phone:_____

For your purse or wallet. Keep with you at all times.

My Personal Medication Record

Name

Phone

Provided by

Baptist MEDICAL CENTER

Medication	Dosage/How Often	Purpose	Date Prescribed	Prescribing Doctor