Medicine list for _____

(your name)

Name of drug or supplement	Dose	Time(s) that you take it	What it's for	Doctor who gave it to you or if you get it at the drug store	Date you started taking it	Date you stopped taking it or other notes about it

Be sure to list everything you take. Include things like vitamins, herbs, or other supplements. Also list drugs you take "as needed," or every now and then, and things like Tylenol or allergy medicines you get at the drug store.