



P.O. Box 989000 West Sacramento CA 95798-9000

PERSONAL MEDICATION LIST FOR	DOB:
 This medication list may help you keep to how to use them the right way. Use blank rows to add new medications. Then fill in the dates started using them. Cross out medications when you not longer use them. Then write the dates 	Keep this list up to date with: prescription medications over-the-counter drugs
and why you stopped using them.	□ vitamins
 Ask your doctors, pharmacists, and 	l □ minerals
other healthcare providers to updat list at every visit.	e this
	om, take this list with you. Share this with
your family or caregivers too.	DATE PREDARED.
	DATE PREPARED:
Allergies or side effects:	
N.T. 12 42	
Medication: How I use it:	
Why I use it:	Prescriber:
Notes:	TICSCIDEI.
Date I started using it:	Date I stopped using it:
Why I stopped using it:	FF
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Medication:			
How I use it:			
Why I use it:	Prescriber:		
Notes:	,		
Date I started using it:	Date I stopped using it:		
Why I stopped using it:			
PERSONAL MEDICATION LIST FOR	DOB:		
(Continued)			
Medication:			
How I use it:			
Why I use it:	Prescriber:		
Notes:			
Date I started using it:	Date I stopped using it:		
Why I stopped using it:			
Medication:			
How I use it:			
Why I use it:	Prescriber:		
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Date I started using it:	Date I stopped using it:		
Why I stopped using it:			
Medication:			
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Why I use it:	Prescriber:		
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Date I started using it:	Date I stopped using it:		
Why I stopped using it:			

Medication:				
How I use it:				
Why I use it:	Prescriber:			
Notes:	1105012501			
Date I started using it:	Date I stopped using it:			
Why I stopped using it:	2 are 1 propper uping in			
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Medication:				
How I use it:				
Why I use it:	Prescriber:			
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Date I started using it:	Date I stopped using it:			
Why I stopped using it:				
PERSONAL MEDICATION LIST FOR	DOB:			
(Continued)				
Medication:				
How I use it:				
Why I use it:	Prescriber:			
Notes:				
Date I started using it:	Date I stopped using it:			
Why I stopped using it:	T. F.			
Medication:				
How I use it:				
Why I use it:	Prescriber:			
Notes:				
Date I started using it:	Date I stopped using it:			
Why I stopped using it:				
Medication:				
How I use it:				
Why I use it:	Prescriber:			
Notes:	,			
Date I started using it:	Date I stopped using it:			
Why I stopped using it:				

Other Information:		

If you have any questions about your medications, talk to your doctor or pharmacist or you may call and speak with a pharmacist at 1-800-977-7532 (TTY: 711). We are here Monday through Friday, 6 a.m. to 6 p.m. Pacific Time.