MEDICATION INFORMATION

SafeMedica

PATIENT INFORMATION

QUESTIONS FOR MY **PHARMACIST**

1	
2	
3	
4	
5	
6	

NOTES

Your Trusted Source for Taking



Medication Safely

QUESTIONS FOR MY PRESCRIBER

1	
2	
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4	
5	
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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 _____