Williamson MEDICAL CENTER

My Medication **LIST**

We recommend keeping a list of current medications and dosages with you at all times – just in case.

NAME/PHONE:

EMERGENCY CONTACT/PHONE:

PHYSICIAN AND PHARMACY NUMBERS:

SURGERIES:

ALLERGIES/REACTIONS:

OTHER IMPORTANT INFORMATION:

IMMUNIZATION DATES:

FLU:

PNEUMONIA:

TETANUS:

OTHER:

List ALL medications you are currently taking, including:

- prescriptions
- over-the-counter medicines
- medicines taken as needed
- vitamins and supplements

Medication name/ strength	Dose	Time of day	Reason for taking	Start date
Lipitor 20 mg *EXAMPLE ONLY*	1	pm	cholesterol	5/04

ALWAYS KEEP THIS FORM WITH YOU AND UPDATE AS CHANGES ARE MADE.

Take this form to ***ALL*** of the following:

- doctor visits
- medical testing (MRI, CT, stress tests, etc)
- pre-assessment visits for surgery
- hospital visits (emergency, inpatient admission, outpatient visits)

THIS INFORMATION IMPROVES YOUR SAFETY, HELPING TO DETECT AND CORRECT MEDICATION AND FOOD INTERACTIONS AND DUPLICATIONS.

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