List all medications/remedies/vitamins currently taken (please print).

Over the counter medication	Dose	Frequency	Why taken
Herbal remedies/vitamins	Dose	Frequency	Why taken

Name			
Date of birth/_/	Phone		
In case of emergency:			
Name	Phone		
Physician	Phone		
Pharmacy	Phone		
Allergies			
Blood type	Medication list updated on//		

Medication Record

Use this Record to Keep Track of All Your Medications



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List your prescription medicines, over-the-counter medicines and nutritional or herbal supplements on this card. Remember to carry this card with you to the doctor's office, hospital or clinic visit.

List all medications currently taken (please print).

Name of prescription	Dose	Frequency	Why taken
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