This medication list was made for you after we talked. We also used information from prescription claims data.

|  |  |
| --- | --- |
| * Use blank rows to add new medications. Then fill in the dates you started using them. * Cross out medications when you no longer use them. Then write the date and why you stopped using them. * Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit. | Keep this list up-to-date with:   * prescription medications * over the counter drugs * herbals * vitamins * minerals |
|  |

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

**DATE PREPARED:**

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| --- |
| **Allergies or side effects:** |

|  |  |
| --- | --- |
| **Medication:** | |
| **How I use it:** | |
| **Why I use it:** | **Prescriber:** |
| **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:** |
| **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:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** | |

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| --- | --- |
| **Medication:** | |
| **How I use it:** | |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** | |

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| **Medication:** | |
| **How I use it:** | |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** | |

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| **Medication:** | |
| **How I use it:** | |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** | |

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| --- | --- |
| **Medication:** | |
| **How I use it:** | |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** | |

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| **Medication:** | |
| **How I use it:** | |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** | |

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| **Medication:** | |
| **How I use it:** | |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** | |

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| --- | --- |
| **Medication:** | |
| **How I use it:** | |
| **Why I use it:** | **Prescriber:** |
| **Date I started using it:** | **Date I stopped using it:** |
| **Why I stopped using it:** | |

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| **Other Information:** | |
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB

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