

Medication Essentials Kit

Complete the below fie	elds on this form a	and print	for you	ır records			
	ALLERO	GIES TO	MEDIC	CATIONS			
Medication Name		Type of reaction, such as rash or breathing difficulties					
	PRESCI	RIPTION	MEDIO	CATIONS			
Use the chart below to list all the information for each (mg). The dosage is t	all the brand name and	gerneric pre nt of medica	escription tion in ea	medications you are ch pill appears on the	prescription	n label in milligrams	
Medication Name	Presscribing	Pho	ne	Reason for	Dosage	How often?	
	Doctor's Name	Num	ber	Medication	(in mg)	(such as 3x/day	
N	ONPRESCRIPTION MI	EDICATION	S, VITAM	IINS AND SUPPLEM	IENTS		
List all those you take occas nutriti	sionally, such as asprin onal supplement. Inclu			•		as multivitamin or	
Name	Reason for taking		Dosage (in mg)		H	How often?	
					(such as 3x/day		
	1				1		