

## Current Medications and Dosages List

Fill out this list with your current medications, dosages, and instructions before printing this page for your doctor or personal records.

### Patient Information

Patient Name:  Date of Birth:

Date Updated:  Emergency Contact:

### Medications

Medication Name (Brand/Generic)	Dosage (e.g., 50mg, 1 tablet)	Frequency (How often to take)	Time of Day (Morning, Noon, Night)	Purpose / Reason for Taking	Notes / Special Instructions
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### Allergies and Sensitivities

List any drug, food, or env

List reactions (e.g., rash, s

### Pharmacy and Primary Care Information

Preferred Pharmacy:  Pharmacy Phone:

Primary Care Doctor:  Doctor Phone: