MY MEDICATION RECORD

Kemper Drug 763-441-1353

Name: _____ **Birth date:** _____

Include all of your medications on this record: prescription medications, nonprescription medications, herbal products, and other dietary supplements. Always carry your medication record with you and show it to all your doctors, pharmacists and other healthcare providers.

Drug		Purpose for Use	When do I take it?				Start/Stop Date	Doctor	Special Instructions
Name	Dose		Morning	Noon	Evening	Bedtime			

09-359

Allergies to Medicines & Foods _____

"This form is based on forms developed by the American Pharmacists Association and the National Association of Chain Drug Stores Foundation. Reproduced with permission from APhA and NACDS Foundation."