Other Important Information:	Date of Most Recent Adult Immunizations:	Doctors: Name:	Wallet Medication Card
	Pneumonia:	Phone:	Name:
	Tetanus:	Name:	Phone:
What medications should I include? Prescription medicines Over-The-Counter medicines Vitamins Herbal remedies Nutrition pills Respiratory therapy medicines (such as inhalers) Blood factors (such as Factor VIII) IV solutions IV nutrition	Hepatitis:	Phone:	Emergency Contact Name:
	Flu:	Name:	Emergency Contact Phone:
	Allergies:	Phone: Pharmacies: Name: Phone:	Betty Chaffee, Pharm.D. BetterMyMeds.com Dexter, MI 734/649-2270
		Name: Phone:	

Start date	Drug Name & (Strength)	Dose (pills, units, puffs, drops)	When do you take it? How many times a day? Morning & night? After meals?	Reason Why do you take it?	Start date	Drug Name & (Strength)	Dose (pills, units, puffs, drops)	When do you take it? How many times a day? Morning & night? After meals?	Reason Why do you take it?
1/1/06	Medicine (40 mg) (Example)	2 pills	Once a day with dinner	Heart					

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		Phone:	Emergency Contact I none.
		Pharmacies: Name:	Betty Chaffee, Pharm.D. BetterMyMeds.com
		Phone:	Dexter, MI 734/649-2270
		Name:	
		Phone:	

Instructions for printing:

T_{Ω}	nrint	one	medication	card	only.
10	prini	one	meaicanon	cara	oniv.

Set your printer to one-sided printing. Print only page 1 of this document. Fold in half lengthwise, then in quarters to fit in your wallet.

To print two medication cards back-to-back:

Set your printer to two-sided printing, flipping on the short edge. Print only pages 1 and 2 of this document. Cut page in half lengthwise for two identical double-sided lists, then fold each in quarters to fit in your wallet.