

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	Prevent Heart Attack					

Other Important Information: 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	Date of Most Recent Adult Immunizations: Pneumonia: Prevnar Pneumovax Tetanus: Hepatitis: Shingles: Flu:	Doctors: Name: Phone: Name: Phone: Name: Phone: Pharmacies: Name: Phone: Name: Phone:
	Allergies:	

Wallet Medication Card

Name:

Phone:

Emergency Contact:

Emergency Contact Phone:

Betty Chaffee, Pharm.D.
BetterMyMeds.com
Dexter, MI
734/649-2270



Instructions for printing:

To print one medication card only:

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.