Medica	tion Allergies:		Date of Most Recent Adult Immunizations:					Wallet Medication Card				
			Pneumonia: Prevnar Pneumovax			Phone:				Name:		
		Te	etanus:		Name:				Phone:			
		S	hingles:		Phone	:			Emergency Co	ontact Name:		
			Hepatitis A: Hepatitis B:			Name: Phone:				Emergency Contact Phone:		
										Emergency Contact Phone:		
		R	SV		Pharmac Name:	ies:						
Flu: Covid (type):			Flu:			Phone:				BETTER		
			ovid (type):		Name:				MY MEDS			
					Phone:				Betty Chaffee, PharmD Betty@BetterMyMeds.com 734-649-2270			
Start date	Drug Name & (Strength)	Dose (pills, units,	When do you take it? How many times a	Reason Why do you take it?	Start date	Drug Name & (Strength)	Dose (pills, units,	tak	nen do you te it? v many times a	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?	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					

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)	2 pills	Once a day with	Prevent					
	(Example)		dinner	Heart Attack					

Allergies:	Date of Most Recent Adult Immunizations:	Doctors: Name:	Wallet Medication Card	
	Pneumonia: Prevnar Pneumovax	Phone:	Name:	
	Tetanus:	Name:	Phone:	
	Hepatitis A:	Phone:	Emergency Contact:	
	Hepatitis B:	Name:	Emergency Contact Phone:	
	RSV	Phone:		
	Shingles:	Pharmacies: Name:	BETTER MY MEDS	
	Flu:	Phone:	Betty Chaffee, PharmD	
	Covid (type):	Name:	Betty @BetterMyMeds.com 734-649-2270	

Phone:

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.