

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						

Allergies:	Date of Most Recent Adult Immunizations:	Doctors:
	Pneumonia: Prevnar Pneumovax	Name:
	Tetanus:	Phone:
	Hepatitis A:	Name:
	Hepatitis B:	Phone:
	RSV	Name:
	Shingles:	Phone:
	Flu:	Pharmacies:
Covid (type) :	Name:	Name:
		Phone:

Wallet Medication Card

Name:

Phone:

Emergency Contact:

Emergency Contact Phone:



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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.