My Medication Log – Keep it Handy

- List all prescriptions, over-the-counter drugs, vitamins and herbs.
- Bring this to every doctor's appointment and if you go to the emergency room or hospital.

Date: _____

Name and Dose of Your Medicine	This Medicine is for my_____	How Much and How Often?				Reminder: When do I take it?
		Morning 	Noon	Evening 	Bedtime 	
Example: Simvastatin 40 mg	Example: High cholesterol	Example: 1 pill				Example: After I brush my teeth

HPD1X25903 - 10.06

If you have any problems with your medicine – do not wait. Talk to your health care provider right away.

Patient Name: _____ Name of Primary Care Provider: _____ Primary Care Provider Phone Number: _____

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THE NEW YORK CITY DEPARTMENT of HEALTH and MENTAL HYGIENE
Michael R. Bloomberg, Mayor
Thomas R. Frieden, M.D., M.P.H., Commissioner

TAKE CARE NEW YORK Keep Your Heart Healthy: A Key Step to a Healthier New York