PillBoxTalk™
answers to your medication questions

Personal Medication Record

Name: _____ **Date of Birth:**_____ **Allergies:**_____

CURRENT MEDICATIONS (include all medicines - prescribed and over-the-counter, and herbal remedies)			
Name/Strength	How is it taken?	MD	What is it for?

ALWAYS CARRY YOUR MEDICATION RECORD WITH YOU AND SHOW IT TO ALL YOUR DOCTORS, PHARMACISTS AND OTHER HEALTHCARE PROVIDERS.

DOCTOR INFORMATION		
Doctor Name	What type of doctor?	Phone #