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

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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: _____

NYC Health
THE NEW YORK CITY DEPARTMENT of HEALTH and MENTAL HYGIENE
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Keep Your Heart Healthy: A Key Step to a Healthier New York