**Medication List**

Prepared on: <CMR date>

- Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.
- Note any changes to how you take your medications. Cross out medications when you no longer use them.

<table>
<thead>
<tr>
<th>Medication</th>
<th>How I take it</th>
<th>Why I use it</th>
<th>Prescriber</th>
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Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

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⚠️ Allergies:

⚠️ Side effects I have had:
Medication List for <Member name >, DOB: < Member DOB >

⚠️ Other information:

📝 My notes and questions: