St. Elizabeth's Medical Center
A STEWARD FAMILY HOSPITAL

Medication List

INSERT LABEL

Medication Allergies: ☐ None

_____
_____
_____
_____

Please bring a complete list of your home medications with you to every appointment so we can review your current medications with you. You may use this list or bring your own.

☐ Check here if you do not take any medications at home

Medication Name **Include any over the counter medications and herbal preparations	**Dosage** (How much?)	**How do you take it?** (mouth, patch, injection, drops, ointment	**Frequency** (How often?)