

FREE FAMILY TOOL

My Medication List

Keep it current. Bring it to every appointment and hospital visit.



1ST ACUVENAS
CASE MANAGEMENT

NAME

DATE OF BIRTH

LAST UPDATED

ALLERGIES (MEDICINES, FOODS, OTHER)

PHARMACY NAME

PHARMACY PHONE

PRIMARY DOCTOR

MEDICINE NAME	DOSE / STRENGTH	HOW AND WHEN TAKEN	WHY I TAKE IT	PRESCRIBED BY	START DATE

Also list

Over-the-counter medicines, vitamins, supplements, inhalers, eye drops, creams and patches. Doctors need these too.

ITEM	HOW OFTEN	NOTES

Tip: after any hospital stay or new prescription, ask the doctor or pharmacist to review this full list with you. Never stop or change a medicine without talking to the prescriber.



Need help with the next step? Book a free 15-minute Next-Step Call.

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