

"My Medication Facts"

Your name		
Write down facts about each prescription and all other products you take regularly. Photocopy as many copies of this page as you need. Use one copy for each product. Keep them in your purse or wallet. Add to your set when you start taking a new product, and remove ones that you no longer use. Take them with you when you go to get health care go on a trip. If you need help making the list, ask your health care provider for assistance.		
Name and dosage of medicine or product		
Its form, color, or shape		
Time(s) of day to take each dose and how to take it		
What you take it for		
Potential side effects		
Name and phone number of where you buy it		
Special Instructions		
K-State Research and Extension Service, Manhattan, Kansas		



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