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Emergency Contacts

Pharmacy

Physicians

Allergies (continued)

Allergies (What happened?)

- List all medicines you are taking **including over-the-counter and Herbal/Alternative Medications.**
- Show this to every doctor every visit and at the hospital.
- Cross off medicine you no longer take.
- Never take any drugs prescribed for someone else.
- Keep this card with you at all times.
- Ask doctor or pharmacist for liquid medication if you can't swallow pills.
- Ask pharmacy for easyopen bottles if child caps too difficult.

# Medication Card For Your Wallet

*Provided by*



[www.missionhospitals.org](http://www.missionhospitals.org)

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Hepatitis Vaccine

Flu Vaccine

Pneumonia Vaccine

Tetanus

Immunization Record (Record date of last dose)

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**14**

Directions

Reason/Diagnosis

Drug and Dosage

Date Started

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**13**

Directions

Reason/Diagnosis

Drug and Dosage

Date Started

# PATIENT NAME

<b>1</b>	Drug and Dosage	Date Started
	Directions	Reason/Diagnosis
<b>2</b>	Drug and Dosage	Date Started
	Directions	Reason/Diagnosis
<b>3</b>	Drug and Dosage	Date Started
	Directions	Reason/Diagnosis
<b>4</b>	Drug and Dosage	Date Started
	Directions	Reason/Diagnosis
<b>5</b>	Drug and Dosage	Date Started
	Directions	Reason/Diagnosis
<b>6</b>	Drug and Dosage	Date Started
	Directions	Reason/Diagnosis
<b>7</b>	Drug and Dosage	Date Started
	Directions	Reason/Diagnosis
<b>8</b>	Drug and Dosage	Date Started
	Directions	Reason/Diagnosis
<b>9</b>	Drug and Dosage	Date Started
	Directions	Reason/Diagnosis
<b>10</b>	Drug and Dosage	Date Started
	Directions	Reason/Diagnosis
<b>11</b>	Drug and Dosage	Date Started
	Directions	Reason/Diagnosis
<b>12</b>	Drug and Dosage	Date Started
	Directions	Reason/Diagnosis