

Current Medications SET A/B/C Starting Sunday _____ dispensed on _____. This list is for dispensing medicines, planning re-orders, and informing medical personnel of current prescription and over-the-counter medications.

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Time	Medication	Dosage Directions	# Pills Left	# Days Left	Side Effects	For	Rx by

Immunizations:

Flu shot on (date) at (clinic).

Pneumonia shot on (date) at (clinic).

Periodic Tests

Mammogram on (date) at (clinic)

Bone density test on (date) at (clinic)

Allergic Reactions to Medications: