Penobscot Valley Hospital | MILLINOCKET REGIONAL HOSPITAL | HEALTH ACCESS NETWORK

Name_____**Date of Birth**_____**Pharmacy**_____

Medication List

Allergies_____**Your Doctor's Name:**_____

Please bring this sheet to all medical appointments, and share it with your healthcare providers. ***This will help keep you safe and ensure you get the best care.***

Name of the Medication	Medication Other name	Dose (Strength)	Directions on how often to take the medication	Why are you taking it ?	Comments or Changes	Office use **ONLY**
						C or D/C

***Medication Names:** sometimes medications have more than one name, such as Advil & Ibuprofen. If you of any additional names, please list them.*

***Comments or Changes:** please use this section to list problems or reactions to medication, when you stopped or restarted taking the medication, etc.*