

NAME: _____

LIST YOUR PRESCRIPTIONS (RX) AND OVER-THE-COUNTER (OTC) MEDICINES

Name of My Medicine	Rx	OTC	How Much Do I Take	When Do I Take It	What Do I Use It For
<i>XXXX</i>	<i>✓</i>		<i>1 tablet 400 mg.</i>	<i>3 times a day after meals</i>	<i>Arthritis</i>

Keep this in your purse and show it to your doctor, pharmacist, and/or nurse.