

- **LIST ALL OF YOUR MEDICINES**
- **KEEP THIS FORM UP-TO-DATE**
- **SHARE IT WITH YOUR DOCTORS, HOSPITAL, NURSES AND PHARMACIST**
- **KEEP IT WITH YOU AT ALL TIMES**
- **IF YOU HAVE QUESTIONS, ASK YOUR DOCTOR, NURSE OR PHARMACIST**

Notes/comments:

List any allergies you have:

Doctor's name: _____

Doctor's phone #: _____

Pharmacy name: _____

Pharmacy phone #: _____

MY MEDICINES

Name: _____



Sponsored by: The Milwaukee Patient Safety Collaborative of the Medical Society of Milwaukee County. Phone number: 414 475-4761 and the Wisconsin Alliance of Employer's Purchasing Healthcare, Inc. Copies of this form are available at:

www.milwaukee-medical-society.org

