

The University of Michigan Prescription Drug Plan is pleased to provide this Pocket Medication Record designed by the U-M College of Pharmacy. The Pocket Medication Record has space for you to list your prescription and non-prescription medications, emergency contact information and drug allergies. Review your list with your physician at your regular visits. Keep the list in your wallet in case of an emergency.

To make the medication record fit your pocket or wallet, print this page and cut along the dotted line, fold on the dashed line with the text side facing out, and then the fold the record in half.

Name		Date	Drug Allergy	Reaction	
Address					
City	State	Zip <u>-</u> _			
Physician		_ Phone	I take these medi	medications As Needed:	
Physician		Phone	Name	Strength	Directions
Physician		_ Phone			
Emergency Contac:t					
<b>J</b>					
Contact Name					
			I take/use these No		Medications:
Contact Name					
Contact Name					
Contact Name					
Contact Name					
Contact Name					