Conditions I am being freated for:	regu	regularly or as needed (cross out if discontinued)		
14	Date	Medication name/strength	Directions	
5 3 6				
0	٠.			
Medication allergies and sensitivities:				
Medication: Type of reactions/date of reaction				

Name	-	,		
Medical record no				
Address				
Poctor's name				
Doctor's telephone no	•			
Pharmacist's name				
Pharmacist's telephone no.		-prescription medic		
n emergency, call (name)	regu	larly or as needed	(cross out if discontinued)	
at (phone no.)	Date	Medication name/strength	Directions	
Personal				
Medication Record				
UCDAVIS	-			

Prescription medications I am taking