



**PERSONAL MEDICATION LIST FOR** <Beneficiary Name>, DOB: <Beneficiary DOB>

This medication list was made for you after we talked. We also used information from prescription claims data.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

Keep this list up-to-date with:

- □ prescription medications
- $\Box$  over the counter drugs
- □ herbals
- □ vitamins
- □ minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

## **DATE PREPARED:**

Allergies or side effects:

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

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PERSONAL MEDICATION LIST FOR <Beneficiary Name>, DOB: <Beneficiary DOB>

(Continued)	
Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

**PERSONAL MEDICATION LIST FOR** <Beneficiary Name>, DOB: <Beneficiary DOB>

 (Continued)

 Medication:

 How I use it:

 Why I use it:

 Prescriber:

 Date I started using it:

 Why I stopped using it:

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

## **Other Information:**

If you have any questions about your medication list, call MedWiseRx toll free at 1-844-866-3735, Monday through Friday, 9 a.m. to 7 p.m. Central Time, TTY/TDD users, please call 1-800-367-8939.

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