

MEDICATION INFORMATION



SafeMedication
Your Trusted Source of Drug Information

QUESTIONS FOR MY PHARMACIST

FOLD ALONG THE DOTTED LINE

1

2

3

4

5

6

PATIENT INFORMATION

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

IN CASE OF EMERGENCY:

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor: _____ Phone: _____

NOTES

QUESTIONS FOR MY PRESCRIBER

1

2

3

4

5

6

Your Trusted Source for Taking
Medication Safely

SafeMedication

safemedication.com

