



PERSONAL MEDICATION LIST FOR		
This medication list was made for you after we t claims data.	alked. e also used information from prescription	
 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. If you go to the hospital or emergency room, tak or caregivers too. 	Keep this list up-to-date with: prescription medications over the counter drugs herbals vitamins minerals te this list with you. Share this with your family	
	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:		





PERSONAL MEDICATION LIST FOR		
(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:		





PERSONAL MEDICATION LIST FOR		
TERSONAL MEDICATION LIST FOR		
(Continued)		
Medication:		
How I use it:		
now I use it:		
Why I use it:	Prescriber:	
Data I stanted using it.	Data Latenned using it.	
Date I started using it:	Date I stopped using it:	
Why I stopped using it:		
Medication:		
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:		
viny I stopped using it.		

If you have any questions about your medication list, call MedWiseRx toll free at 1-844-866-3735, Monday through Friday, 10 a.m. to 8 p.m. Eastern, TTY/TDD users, please call 1-800-367-8939

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0938-1154. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.