Wyoming Health
Medical Group LLC
Wyoming Medical Center

MY MEDICATION LIST

Patient Name: _____ Date of birth: _____

List all medicine you are currently taking: Prescription and over-the–counter medications (examples: aspirin, antacids) and dietary supplements (example: vitamins) and herbals (examples: ginseng, gingko). Include medications taken as needed (examples: inhalers, nitroglycerin).

Medication (Brand and Generic Name)	**Dose**	**How and How Often You Take the Medication**	**Reason for taking**	**Date Started**	**Prescriber**