



## MEDICATION LOG SHEET

<b>Name:</b>		<b>Patient ID:</b>	
<b>Date of Birth:</b>		<b>Blood Type:</b>	

### Pharmacy Information

<b>Preferred Pharmacy:</b>	<b>Alternate Pharmacy:</b>
<b>Pharmacy Address:</b>	<b>Pharmacy Address:</b>
<b>Pharmacy Phone:</b>	<b>Pharmacy Phone:</b>
<b>Pharmacy Fax:</b>	<b>Pharmacy Fax:</b>

### Allergies and Drugs to Avoid/Adverse Reactions

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### Medications

Date		Name (Generic/Common)	Purpose/Reason Ordered	Prescribing Doctor	Dose/ Frequency	Side Effects
Start	Stop					

**Medical Equipment:** Use this space to record information related to your medical equipment (e.g. serial numbers, needle size gauge numbers, etc.)
