

**YOUR NAME:**

# PRESCRIPTION Drug List

Is this  
GENERIC?

Dosage = How  
MUCH do you take?

Frequency = How  
OFTEN do you  
take?

How long  
does  
prescription  
last?

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

**YOUR NAME:**

# PRESCRIPTION Drug List

Is this  
GENERIC?

Dosage = How  
MUCH do you take?

Frequency = How  
OFTEN do you  
take?

How long  
does  
prescription  
last?

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No

Name of ONE Prescription:

Form Prescription Comes In: (circle one)

Caplet, Syrup, Capsules, Liquid, Tablet, Inhaler, Drops, Mist, Powder, Injection, Patch, Cream/Lotion

Yes  
 No