UNIVERSITY OF MICHIGAN
HUMAN RESOURCES
Benefits Office

The University of Michigan Prescription Drug Plan is pleased to provide this Pocket Medication Record designed by the U-M College of Pharmacy. The Pocket Medication Record has space for you to list your prescription and non-prescription medications, emergency contact information and drug allergies. Review your list with your physician at your regular visits. Keep the list in your wallet in case of an emergency.

To make the medication record fit your pocket or wallet, print this page and cut along the dotted line, fold on the dashed line with the text side facing out, and then the fold the record in half.

✂

Name_____ Date _____

Address_____

City_____ State_____ Zip_____-_____

Physician_____ Phone_____

Physician_____ Phone_____

Physician_____ Phone_____

Emergency Contac:t

Contact Name_____ Phone_____

Drug Allergy	Reaction

I take these medications **As Needed:**

Name	Strength	Directions

I take/use these **Prescription Medications:**

Name	Strength	Frequency

I take/use these **Non-prescription Medications:**

Name	Frequency of Use