My Medical Planner
Your Healthcare Portfolio

MY PRESCRIPTION MEDICATION LIST

PATIENT NAME:_____

Allergies:_____

MEDICATION	MG	HOW/WHEN TO TAKE IT	TREATMENT FOR	DATE/ RX BY

© Copyright 2004-2005 My Medical Planner

My Medical Planner
Your Healthcare Portfolio

MY "OVER THE COUNTER" MEDICATION LIST

PATIENT NAME:_____

Allergies: _____

MEDICATION	MG	HOW/WHEN TO TAKE IT	TREATMENT FOR	DATE

© Copyright 2004-2005 My Medical Planner