

# Medication Record

PLEASE carry updated card at all times.

Name: \_\_\_\_\_

Doctor: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

List any allergies/bad reactions and what caused them:

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Flu Shot: \_\_\_\_\_

Pneumonia Shot: \_\_\_\_\_

Tetanus Shot: \_\_\_\_\_

Shingles Shot: \_\_\_\_\_

Compliments of:



**WEST RIVER HEALTH SERVICES**

701-567-4561

[www.wrhs.com](http://www.wrhs.com)

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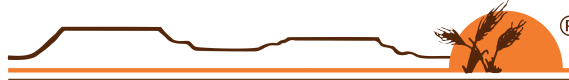
Flu Shot: \_\_\_\_\_

Pneumonia Shot: \_\_\_\_\_

Tetanus Shot: \_\_\_\_\_

Shingles Shot: \_\_\_\_\_

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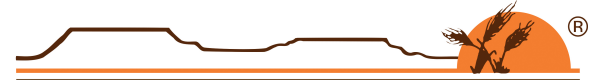
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MEDICATIONS I AM TAKING REGULARLY OR AS NEEDED (including any non-prescription, herbals, injections, eye/ear/nose drops, inhalers, nebulizer treatments, etc)

Medicine/Strength

Directions/Use

Lined area for recording medication details for the first column.

MEDICATIONS I AM TAKING REGULARLY OR AS NEEDED (including any non-prescription, herbals, injections, eye/ear/nose drops, inhalers, nebulizer treatments, etc)

Medicine/Strength

Directions/Use

Lined area for recording medication details for the second column.

MEDICATIONS I AM TAKING REGULARLY OR AS NEEDED (including any non-prescription, herbals, injections, eye/ear/nose drops, inhalers, nebulizer treatments, etc)

Medicine/Strength

Directions/Use

Lined area for recording medication details for the third column.