Medication Log

Last Updated: _____ / _____ / _____

Name: _____ Birth Date: ____ / ____ / _____

Emergency Contact: _____ Phone: _____

MEDICATION LIST

Name of Medication*	Dosage	What medication looks like	What medication is treating	When and how to take medication	What NOT to do when taking medication	Prescribed by	Pharmacy that filled prescription	Prescription number	Date started/ Date ended