Medical Information Wallet Card

Be sure to read the Medication Safety Tips for Patients. Fill out, cut out, and fold the chart below and carry it with you at all times.

	My Patient Information Name Home address Date of birth Home phone Mobile phone My Medications Prescription medications, non-prescription medications, over-the herbals, vitamins and supplements.		Primary care provider phone Pharmacy phone Insurance Provider and ID# Emergency Contact phone			Medical Information Wallet Card This Card Belongs To:	
Fold here first	Name of medicine	Dose (amount)	How often and when (morning, noon, evening)	How to take (with or without food)	Reason for taking	Medication errors are one main reasons for health complications. Carry this card with y at all times.	care
							erity of reaction: moderate, severe, life-threatening
	O/o Cut along dotted line	Fold here		Fold here		Fold here	-