IMPORTANT NUMBERS

DR. _____

PHONE: _____

DR. _____

PHONE: _____

DR. _____

PHONE: _____

PHARMACY: _____

PHONE: _____

NOTES: _____

_____

_____

_____

_____

_____

_____

REMEMBER

To carry this card with you at all times.

List all new medications added by your physician or pharmacist.

Show this card to all health care personnel who treat you.

Do not share your medications with others.

Allergies: _____

_____

_____

_____

Medical Problems: _____

_____

_____

_____

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WATSON CLINIC LLP

Quality Healthcare for Every Generation

1600 Lakeland Hills Boulevard • Lakeland, Florida 33805

(863) 680-7000

MEDICATION INFORMATION CARD

Name: _____

Chart #: _____

Dr. Phone: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____

Phone: _____

City: _____

DATE STARTED	MEDICATION	DOSE	TIME TO BE TAKEN	PRESCRIBING DOCTOR	DATE ENDED