Tufts Medical Center

MEDICATION LIST

Name:_____

Allergies: _____

Medication	Dose	Times/Day	Prescribed by

Non-prescription medications, vitamins, herbs, etc.

Name	Dose	Times/Day

Tufts Medical Center

Tufts Medical Center and Floating Hospital for Children ask all of our patients to carry a complete and up- to-date list of their medications with them.

Please fill this in and bring it with you to all of your appointments.

This will help your healthcare team to provide a safe course of medical treatment for you.

	Name	**Phone number**
Emergency Contact		
Primary Care Provider		
Pharmacy		

Immunization History	**Month /Year**			
Tetanus	/	/	/	/
Pneumococcal	/	/	/	/
Flu	/	/	/	/