

My Medicine List

Medicine Name and Dose	This Medicine is for my:	When do I take it? How much? How often?				Start Date:	Stop Date:
		Morning	Noon	Evening	Bedtime		

Adapted from My Medication List – Keep it Handy, New York City Department of Health and Mental Hygiene.

DOCTOR'S NAME: _____ PREFERRED PHARMACY: _____

PHONE NUMBER: _____ PHONE NUMBER: _____



Questions? Please call Alliance Health Programs • Monday – Friday, 8 am – 5 pm
 Phone Number: **1.510.747.4577** • Toll-Free: **1.877.932.2738**
 People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**
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