

# My medication list

Filled out on: \_\_\_\_\_

Use the space below to list all prescription drugs, over-the-counter drugs, vitamins and herbal supplements you take.

Be sure to bring this list to your follow-up appointment with your doctor. Make sure your doctor or pharmacist reviews the medications you took during your hospital stay so they can compare them against your current medication list.

Drug name	What it does	Dose	How to take it	When to take it
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

# My appointments

Use this space to write down the dates and times of your upcoming appointments.

Appointment	Date	Time

# My care team contact list

Use this space to write down the names and phone numbers of your care team, including your pharmacy. For more information on understanding your care team, visit [sharpmedicareadvantage.com/careteam](https://sharpmedicareadvantage.com/careteam) or scan the QR code.



Healthcare provider name	Phone number	Special instructions / hours of operation