

Medication and Supplements List

Name: _____ Date Revised: _____ Pharmacy Name & Phone #: _____

Physician & Phone: _____ Other Physician(s) Name and Phone #: _____

Instructions: Type onto this document or print and enter the information by hand. Change this document, as needed. Hints: Keep updated medication lists at the care receiver's home in a visible location, a copy with the caregiver at all times, photo with a smart phone keep in favorites or list app. Firefighters recommend keeping a copy of important documents in a sealed plastic bag in the freezer since it is fireproof and smokeproof.

Medication	Dosage mg, etc	Frequency	Purpose	Physician name or initials	Special Instruction: start & stop dates, side effects, and other information
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					



**Boston Maxillofacial
Prosthetics**

41 West St., Fl 3, Boston, MA 02111
O 617.990.6011

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Medication and Supplements List

9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					



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Supplements

Discuss supplements with all physicians providing care. Some supplements interact with prescribed medications and can cause harm or make the medication less effective.

Supplements include products like vitamins, minerals, and herbal extracts. The FDA (Federal Drug Safety Administration) does not regulate the safety or effectiveness of supplements as strictly as drugs. It is important to practice reading labels carefully.

Visit this Healthline link [How to read Supplement Labels](https://www.healthline.com/nutrition/how-to-read-supplement-labels-regulations) <https://www.healthline.com/nutrition/how-to-read-supplement-labels-regulations>

Supplement Name <i>such as multi-vitamin</i>	Serving Size	Frequency you take	Percent Daily Value (%DV) Nutrient Content	Reason you take
1.				
2.				
3.				
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7.				
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