	Medication I	List for < Memb	per name >, DO	B: < Member DO	OB >
Medic	eation List				
Prepared	d on: < CMR date >				
	Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.				
	Note any changes to how you take your medications.				

Cross out medications when you no longer use them.

Medication	How I take it	Why I use it	Prescriber

Add new medications, ov or minerals in the blank r	ver-the-counter drugs, herbals, vitamins, ows below.		
Medication	How I take it	Why I use it	Prescriber
Allergies:			
Side effects I have had:			

Medication List for , DOB:

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Medication List for	<member name=""></member>	DOB:	< Member DOB	>

My notes and questions:	
My notes and questions:	
My notes and questions:	
My notes and questions:	
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