Northwest
MEDICAL CENTER

MEDICATION INFORMATION SHEET

Please present this sheet at every hospital visit for a procedure, such as an X-ray, or emergency room visit or if being admitted to the hospital. Please carry this sheet with you at all times, especially when visiting your physician.

Name: _____

Primary MD: _____ Drug Store Used: _____

Allergies: _____

Please list below the medications you are currently taking, including prescription, over-the-counter, and herbal medications.

Medication Name	Dose	Frequency	Route	Indication