

My Medication Information

Please use this worksheet as a helpful form when setting up your medications online or by phone, mail, or fax.

Name _____

GreatCall phone # _____

Medication 1:

Prescription Name: _____

Days I take this (please circle):

Sun Mon Tue Wed Thu Fri Sat Every Day

Times of Day I take this:

Dosage 1: _____ am pm (please circle)

Dosage 2: _____ am pm (please circle)

Dosage 3: _____ am pm (please circle)

Special Instructions (i.e. take with food): _____

Medication 2:

Prescription Name: _____

Days I take this (please circle):

Sun Mon Tue Wed Thu Fri Sat Every Day

Times of Day I take this:

Dosage 1: _____ am pm (please circle)

Dosage 2: _____ am pm (please circle)

Dosage 3: _____ am pm (please circle)

Special Instructions (i.e. take with food): _____

Medication 3:

Prescription Name: _____

Days I take this (please circle):

Sun Mon Tue Wed Thu Fri Sat Every Day

Times of Day I take this:

Dosage 1: _____ am pm (please circle)

Dosage 2: _____ am pm (please circle)

Dosage 3: _____ am pm (please circle)

Special Instructions (i.e. take with food): _____

Medication 4:

Prescription Name: _____

Days I take this (please circle):

Sun Mon Tue Wed Thu Fri Sat Every Day

Times of Day I take this:

Dosage 1: _____ am pm (please circle)

Dosage 2: _____ am pm (please circle)

Dosage 3: _____ am pm (please circle)

Special Instructions (i.e. take with food): _____

Medication 5:

Prescription Name: _____

Days I take this (please circle):

Sun Mon Tue Wed Thu Fri Sat Every Day

Times of Day I take this:

Dosage 1: _____ am pm (please circle)

Dosage 2: _____ am pm (please circle)

Dosage 3: _____ am pm (please circle)

Special Instructions (i.e. take with food): _____

Medication 6:

Prescription Name: _____

Days I take this (please circle):

Sun Mon Tue Wed Thu Fri Sat Every Day

Times of Day I take this:

Dosage 1: _____ am pm (please circle)

Dosage 2: _____ am pm (please circle)

Dosage 3: _____ am pm (please circle)

Special Instructions (i.e. take with food): _____

Medication 7:

Prescription Name: _____

Days I take this (please circle):

Sun Mon Tue Wed Thu Fri Sat Every Day

Times of Day I take this:

Dosage 1: _____ am pm (please circle)

Dosage 2: _____ am pm (please circle)

Dosage 3: _____ am pm (please circle)

Special Instructions (i.e. take with food): _____

Medication 8:

Prescription Name: _____

Days I take this (please circle):

Sun Mon Tue Wed Thu Fri Sat Every Day

Times of Day I take this:

Dosage 1: _____ am pm (please circle)

Dosage 2: _____ am pm (please circle)

Dosage 3: _____ am pm (please circle)

Special Instructions (i.e. take with food): _____

