

My drug list

Filled out on: _____

Fill out this list with all prescription drugs, over-the-counter drugs, vitamins, and herbal supplements you take. Review this list with the staff.

If you have Medicare and limited income and resources, you may qualify for Extra Help to pay for your Medicare prescription drug coverage. For more information about Extra Help, visit Medicare.gov/publications to view the booklet "Your Guide to Medicare Prescription Drug Coverage."

Drug name	What it does	Dose	How to take it	When to take it	Notes

My appointments

Appointments and tests	Date	Phone number