First: Cut on black dashed lines

MedMinder Card

Unity Health System

MedMinder Card

Optional Information

Address

Phone number

Emergency contact name and phone number

Relationship

Pharmacy name and phone number

Personal Information *(Please print clearly)*

Name (last, first)

Date of birth

Primary physician's name and phone number

Medicine allergies

Use the spaces on opposite side to list all prescription and over-the-counter (non-prescriptions and herbal) medications. Be sure to include prescription medication you take on an "as needed" basis.

Remember!

- Whenever you see a doctor, including your primary care physician and any specialists, review and update this medication list.
- After any hospitalization, review this list with your doctor.
- Make sure you cross out all medicines that you don't take any more.
- Keep this card with you always.

Next: Fold here. ▶

Then: Fold on other dashed lines.

Date	Name of medicine	Strength/dose	How many times a day do you take it?	Why do you take it?