

**PERSONAL MEDICATION LIST FOR:**

**DOB:**

**This medication list may help you keep track of your medications and how to use them the right way.**

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit.

Keep this list up-to-date with:

- prescription medications
- over the counter drugs
- herbals
- vitamins
- minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

**DATE PREPARED:**

**Allergies or side effects:**

**Medication:**

**How I use it:**

**Why I use it:**

**Prescriber:**

**Notes:**

**Date I started using it:**

**Date I stopped using it:**

**Why I stopped using it:**

# Pharmacy Benefit Dimensions®

|                                      |             |
|--------------------------------------|-------------|
| <b>PERSONAL MEDICATION LIST FOR:</b> | <b>DOB:</b> |
| (Continued)                          |             |

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Medication:</b>              |                                 |
| <b>How I use it:</b>            |                                 |
| <b>Why I use it:</b>            | <b>Prescriber:</b>              |
| <b>Notes:</b>                   |                                 |
| <b>Date I started using it:</b> | <b>Date I stopped using it:</b> |
| <b>Why I stopped using it:</b>  |                                 |

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Medication:</b>              |                                 |
| <b>How I use it:</b>            |                                 |
| <b>Why I use it:</b>            | <b>Prescriber:</b>              |
| <b>Notes:</b>                   |                                 |
| <b>Date I started using it:</b> | <b>Date I stopped using it:</b> |
| <b>Why I stopped using it:</b>  |                                 |

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| <b>Medication:</b>              |                                 |
| <b>How I use it:</b>            |                                 |
| <b>Why I use it:</b>            | <b>Prescriber:</b>              |
| <b>Notes:</b>                   |                                 |
| <b>Date I started using it:</b> | <b>Date I stopped using it:</b> |
| <b>Why I stopped using it:</b>  |                                 |

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| <b>Medication:</b>              |                                 |
| <b>How I use it:</b>            |                                 |
| <b>Why I use it:</b>            | <b>Prescriber:</b>              |
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| <b>Date I started using it:</b> | <b>Date I stopped using it:</b> |
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| <b>PERSONAL MEDICATION LIST FOR:</b> |                                 | <b>DOB:</b> |
| (Continued)                          |                                 |             |
| <b>Medication:</b>                   |                                 |             |
| <b>How I use it:</b>                 |                                 |             |
| <b>Why I use it:</b>                 | <b>Prescriber:</b>              |             |
| <b>Notes:</b>                        |                                 |             |
| <b>Date I started using it:</b>      | <b>Date I stopped using it:</b> |             |
| <b>Why I stopped using it:</b>       |                                 |             |

|                                 |                                 |  |
|---------------------------------|---------------------------------|--|
| <b>Medication:</b>              |                                 |  |
| <b>How I use it:</b>            |                                 |  |
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| <b>Notes:</b>                   |                                 |  |
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| <b>Why I stopped using it:</b>  |                                 |  |
|                                 |                                 |  |

# Pharmacy Benefit Dimensions®

|                                      |             |
|--------------------------------------|-------------|
| <b>PERSONAL MEDICATION LIST FOR:</b> | <b>DOB:</b> |
| <b>Other Information:</b>            |             |

**If you have any questions about your medication list, call your physician, pharmacist, or Independent Health’s Medication Therapy Management Provider at (716) 250-4436 or (800) 247-1466 extension 4436 Monday – Friday 8:30 a.m. to 4 p.m.; TTY users call 711.**

Pharmacy Benefit Dimensions is a subsidiary of Independent Health. Independent Health is a PDP with a Medicare contract. Enrollment in Pharmacy Benefit Dimensions PDP depends on contract renewal between Independent Health and CMS.  
S4501\_471\_C FYI 09282018