

Botsford Medication Card

Name _____

Physician _____

Phone () _____

Physician _____

Phone () _____

Physician _____

Phone () _____

Pharmacy _____

Phone () _____

Allergies _____

Immunizations

Influenza date _____ Chicken Pox date _____

Tetanus date _____ Pneumococcal date _____

Medications

Dose

Frequency

Medications	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Herbal/Over-the-counter Medications _____

Thanks for choosing a Botsford Physician.

