



# My Medicine List

Medicine Name and Dose	This Medicine is for my:	When do I take it? How much?				Start Date:	Stop Date:
		Morning	Noon	Evening	Bedtime		

*Adapted from My Medication List – Keep it Handy, New York City Department of Health and Mental Hygiene.*

**DOCTOR'S NAME:** \_\_\_\_\_

**PREFERRED PHARMACY:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_



**Questions?** Please call Alliance Health Programs • Monday – Friday, 8 am – 5 pm  
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