# List of Medications

**North Penn Family Medicine ● 2026 North Broad Street ● Lansdale ● PA ● 19446 ● 215-368-4434**

**Fold this form and keep it in your wallet or purse**

| **Name:** | **Allergies:** |
|---|---|
| **Doctor:** | |

List all prescription and over-the-counter (non-prescription) medications such as vitamins, Aspirin, Tylenol, and herbals (ex: Ginseng, Gingko Biloba, St. John's Wort)

| NAME | DOSE (mg) | NUMBER OF TIMES DAY TAKE MED |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## Instructions

1. **Always keep this form with you.**
2. Take this form to all doctor visits, ER visits and medical testing (lab, x-ray, MRI, CT, etc) visits.
3. If help is needed ask Physician, Nurse or Pharmacist to help you fill out this form.