

## Please Review Your Medicines

It is very important that your doctor knows all the medicines you are taking.

Follow these steps:

Step 1. Remove any medicines you are not currently taking by **drawing a line through the drug's name**.

Step 2. For medicines you are currently taking, place a check (✓) in the **Taking as directed?** column next to the correct box indicating if you are taking the medication as described in the instructions.

Step 3. Place a check (✓) in the **Concerns** column next to any concern you may have about the medication.

### Your Current Medications Are

Medication	Instructions	Taking as directed?	Concerns
<b>BETA BLOCKER NOT PRESCRIBED- MEDICAL REASON</b>	CONTRAINDICATION: SYMPTOMATIC BRADYCARDIA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> taking only as needed	<input type="checkbox"/> None <input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
<b>BILEVEL ST PRESCRIPTION</b>	8/4: BR=8; Rise 900s; Ti min/max=1.0/2.0s, Heat Humidity, Mask Fit, Reslink w/ pulse ox. Download in 2 wks, then MONTHLY. (dx ALS 335.20, Resp Fail 518.83)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> taking only as needed	<input type="checkbox"/> None <input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
<b>CELEBREX 200 MG OR CAPS</b>	Take one tablet by mouth daily with food	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> taking only as needed	<input type="checkbox"/> None <input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
<b>COUMADIN PER PROTOCOL: (FOR COUMADIN CLINIC ONLY)</b>	Per protocol	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> taking only as needed	<input type="checkbox"/> None <input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
<b>DONEPEZIL HYDROCHLORIDE (ARICEPT) 5 MG TABS</b>	Take one tab by mouth every AM	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> taking only as needed	<input type="checkbox"/> None <input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other

<b>Medication</b>	<b>Instructions</b>	<b>Taking as directed?</b>	<b>Concerns</b>
<b>NORGESTIMATE-ETHINYL ESTRADIOL (ORTHO TRI- CYCLEN (28)) 0.035 MG TABS</b>	Start on Sunday	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> taking only as needed	<input type="checkbox"/> None <input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
<b>PREDNISOLONE ACETATE (PRED FORTE) 1% SUSP</b>	As prescribed	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> taking only as needed	<input type="checkbox"/> None <input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
<b>SPIRONOLACTONE HX POWD</b>	Corrected Dosage to be Verified	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> taking only as needed	<input type="checkbox"/> None <input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
<b>TRANQUIL-VAL HX</b>	Corrected Dosage to be Verified	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> taking only as needed	<input type="checkbox"/> None <input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
<b>TYLENOL 325 MG TABS</b>	2 TABLETS EVERY 4 HOURS AS NEEDED	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> taking only as needed	<input type="checkbox"/> None <input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
<b>ZANTAC 15 MG/ML OR SYRP</b>	Sig goes here	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> taking only as needed	<input type="checkbox"/> None <input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
<b>ZIAC 5-6.25 MG or TABS</b>	1 TABLET DAILY	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> only as needed	<input type="checkbox"/> None <input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
<b>ZOLPIDEM TARTRATE (AMBIEN) 10 MG TABS</b>	Take one tab by mouth every night	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> taking only as needed	<input type="checkbox"/> None <input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
<b>ZOLPIDEM TARTRATE (AMBIEN) 25 MG TABS</b>	Take one tab by mouth every night	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> taking only as needed	<input type="checkbox"/> None <input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other

Step 3. Add the names of any other medicines you are currently taking that are not on the list. This includes prescription drugs, over-the-counter medicines, vitamins, and other supplements. For each drug, provide the dose and the instructions on how you take it. *Please don't worry if you have the exact spelling of your medications.*

Step 4. Place a check (✓) in the **Concerns** column next to any concern you may have about the medication listed.

### Your Additional Medicines Are

Medicine Name	Dose	How you take it	Concerns
			<input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
			<input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
			<input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
			<input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
			<input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other
			<input type="checkbox"/> Need Refill <input type="checkbox"/> Cost <input type="checkbox"/> Side Effects <input type="checkbox"/> Other