

Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan)
 4349 Easton Way, Suite 400
 Columbus, OH 43219

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| PERSONAL MEDICATION LIST FOR | DOB: |
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This medication list may help you keep track of your medications and remind you 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.

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| <p>Keep this list up to date with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> prescription medications <input type="checkbox"/> over-the-counter drugs <input type="checkbox"/> herbals <input type="checkbox"/> vitamins <input type="checkbox"/> minerals |
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If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED:

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| Allergies or side effects: |
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|---------------------------------|---------------------------------|
| 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: | |

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|---------------------------------|---------------------------------|
| 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: | |

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| PERSONAL MEDICATION LIST FOR | DOB: |
| (Continued) | |

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|---------------------------------|---------------------------------|
| 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: | |

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| 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: | |

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| 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: | |

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| Medication: | |
| How I use it: | |
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| Why I stopped using it: | |

