Wellcare by Allwell P.O. Box 31403 Tampa, FL 33633-1582

Why I stopped using it:



| PERSONAL MEDICATION LIST FOR | DOB: | |
|---|-----------------------------|--|
| This medication list may help you keep trayou 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 dat and why you stopped using them. Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit. | herbals vitamins minerals | |
| If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too. DATE PREPARED: | | |
| Allergies or side effects: | | |
| | | |
| Medication: | | |
| How I use it: | | |
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| Notes: | | |
| Date I started using it: | Pate I stopped using it: | |

| Medication: | | |
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| 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) | | |
| Medication: | | |
| How I use it: | | |
| Why I use it: | Prescriber: | |
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| Date I started using it: | Date I stopped using it: | |
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| Medication: | | |
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| 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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| Other Information: | | |
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If you have any questions about your medications, talk to your doctor or pharmacist or you may call and speak with a pharmacist at 1-800-977-7532 (TTY: 711). We are here Monday through Friday, 6 a.m. to 6 p.m. Pacific Time.