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



PERSONAL MEDICATION LIST FOR	DOB:	
This medication list may help you keep track o 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. 	Keep this list up to date with: prescription medications over-the-counter drugs 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:	DATE I KEI AKED.	
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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:	
PERSONAL MEDICATION LIST FOR	DOB:
(Continued)	
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:	
Medication:	
How I use it:	
Why I use it:	Prescriber:
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Medication:	
How I use it:	
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Why I use it:	Prescriber:
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Date I started using it:	Date I stopped using it:
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PERSONAL MEDICATION LIST FOR	DOB:
(Continued)	
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Why I use it:	Prescriber:
Notes:	
Date I started using it:	Date I stopped using it:
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Date I started using it:	Date 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:		
Other Information:		

If you have any questions about your medications, talk to your doctor or pharmacist or you may call and speak with a pharmacist at **1-866-339-2787 (TTY: 711)**. We are here Monday through Friday, 5 a.m. to 5 p.m. Pacific Time.