



MEDICATION CARD

TOOL 2

Name : _____ I am Suffering from _____

Address : _____ I am allergic to _____

Tel no : _____ Emergency contact : _____

Brand Name	What medicine does it contain?	Manufacturing company	Strength	schedule of taking medicines	Started on	Stopped on	Reason	Prescribed by
eg. Crocin	eg. Paracetamol	eg. Glaxo	eg. 500 mg	One tablet twice a day			fever	Dr ABC