

My Medication Profile

Name _____

Prescription Drugs:

Name of Medication	Prescribing Doctor	Strength (as in mg)	Dosage Form (pill or liquid)	Directions for Use (number of times per day; if you take with or before a meal, etc).	Reason for Taking	Start Date

Over-the-Counter Pills and Supplements:

Name of Medication or Supplement	Prescribing Doctor (if applicable)	Strength (as in mg)	Dosage Form (pill or liquid)	Directions for Use (number of times per day; if you take with or before a meal, etc).	Reason for Taking	Start Date

Medicare Part B patients: Call **1-877-231-5199** and mention reference code **ED06500** to order your diabetes testing supplies.
Web site: www.RxSolutions.com/diabetes

The information in this educational tool does not substitute for the medical advice, diagnosis or treatment of your physician. Always seek the help of your physician or qualified health provider for any questions you may have regarding a medical condition.

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