



Maine Medical Center  
**MEDICATION CARD**

Keep in wallet.

**Personal Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician: \_\_\_\_\_

**Emergency Contacts:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pertinent Medical History**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies (food and drug)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Be sure you discuss your medication questions  
with your pharmacist and/or physician.

