

MY MEDICATION POCKET CARD



(Your Name)

Medication Name (Reason)	Dose	How Often
<i>example: Lisinopril (blood pressure)</i>	<i>20 mg</i>	<i>1x per day, mornings</i>

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Medication Name (Reason)	Dose	How Often

provided by the Home Health Quality Improvement (HHQI) National Campaign
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