INSTRUCTIONS:
1. Complete the form.
2. Use the Tab key to advance fields.
3. Press "Email this Form to WellFast" at the bottom of the page.
   (The form will be sent regardless of any error messages.
   Click "OK" or "Close" if a message box appears.)

WellFast URGENT CARE CENTER

MEDICATION RECORD FORM

Name:_____

Address:_____

Pharmacy:_____

Drug Allergies:_____

Write down the name of *each* medication you take, the reason you take it and how you take it. Add new medicines when you start taking them. Carry this list with you at all times in your purse or wallet. Show this form to your doctors whenever you have an appointment. Bring this form with you to your pharmacy when get a prescription filled. You may want to make additional copies of the blank form so you can use it again.

NAME OF MEDICATION	PURPOSE OR REASON TAKEN	DOSE PER DAY

Email this Form to WellFast