

Jeffrey S. Leider, M.D., P.C.

24001 Orchard Lk. Rd. * Suite 170 * Farmington, MI 48336

Telephone: 248-615-4368

Fax: 248-615-4342

PERSONAL MEDICATION RECORD

Name: _____

Date of Birth: _____

Allergies: _____

Physician: _____ Physician Phone #: _____

Pharmacy: _____ Pharmacy Phone #: _____

Name of Medication (Prescriptions, over-the-counter, eye drops, supplements, patches, herbals inhalers, implanted pumps)	Dose of Medication (Example: one 20 mg tablet)	Reason for Taking Medication

*Please update this card whenever changes to your medication are made. Always document to keep a record for yourself and your healthcare provider.

Name of Person Updating this Card	Date	Relationship to Patient

KEEP A COMPLETED & UP-TO-DATE CARD WITH YOU AT ALL TIMES