MEDICATION LIST

Name and age

Date of Medication list

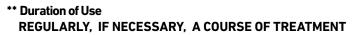
Fill in the table with information about the prescription and self-care medication and other products you use. Update the data whenever a change occurs in your medication. You can see your prescriptions at www.omakanta.fi/en

More forms can be filled in or printed at www.apteekki.fi > find: lääkityslista

Always keep the list with you.

Duration of Use** Purpose and the Aim of **Product Name** Strength Pharmaceutical Dose and Timing * Additional Information Dosage Form (eg duration of the treatment or if and Information about Medication REGU- IF A COURSE LARLY NECES- OF TREAT-Dose Dispensing taken with food) MORNING DAY EVENING NIGHT (YES = X) Nonprescription medicines, such as self-care medication, herbal remedies, health products, vitamins and other food supplements:

^{*} Please fill in here the daily dose of your medication and when to take it. MORNING, 6-10 DAY, 11-14 EVENING, 18-20 NIGHT, 21-22





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Product Name and Information about Dose Dispensing (YES=X)		Strength	Pharmaceutical Dosage Form	Dose and Timing *							Purpose and the Aim of	Additional Information
				MORNING DAY EVENING NIGHT			REGU- LARLY	IF NECES SARY	A COURSE OF TREAT- MENT	Medication	(eg duration of the treatment or if taken with food)	
Nonprescription medicines, such as self-care medication, herbal remedies, health products, vitamins and other food supplements:												

^{*} Please fill in here the daily dose of your medication and when to take it. MORNING, 6-10 DAY, 11-14 EVENING, 18-20 NIGHT, 21-22

