

Bring your medication records and insurance cards with you to all medical appointments, and to the hospital.

**MY MEDICATION RECORD  
EMERGENCY MEDICAL RECORD**

Provided by SALEM HOSPITAL  
REGIONAL HEALTH SERVICES

**Conditions for which I am being treated:**

Rosacea  
Asthma  
Osteopenia  
Hives  
G.E.R.D.

**Allergies and sensitivities (Include type of reaction)**

Keflex amoxicillin (swelling), sulfa (fever + hives),  
NSAIDS (hives)

Suzi Doe  
Name

Salem  
Address

123 Wellness Way  
Address

(503) 555-5555  
Phone

Dr. Healthy  
Physician

(503) 555-3333  
Phone

Salem Hospital  
Pharmacy

(503) 561-6730  
Phone

**Date of last vaccinations:**

Tetanus Feb 2000

Flu Nov. 2005

Pneumonia None 7/2006

Insurance Co: To Your Health

Policy No.: 13487-01

**In case of emergency dial 911**



665 Winter Street SE  
Salem, OR 97301  
(503) 561-5200

**Do you have an:**

Advance Directive (Living Will)?  Yes  No

Where is it filed? Salem Hospital MOM DOE (503) 555-1234

Have you filled out a Donor Card?  Yes  No Cousin Doe (503) 31678

**In an emergency, please call (list a friend or relative):**

**Medication (prescription, over-the-counter, and/or herbals) I am taking regularly or as needed (cross out if discontinued).**

DATE	MEDICATION NAME	STRENGTH (mg, mEq, etc)	DIRECTIONS/REASON FOR TAKING
Example:	Lanoxin	0.25 mg	Once a day (heart)
9-7-05	Metronidazole	.75% Cream	Apply to involved areas twice daily (Rosacea)
1-6-06	Albuterol	90 mcg inhaler	2 puffs orally, every 4 hrs. as needed for cough or wheezing (Asthma)
2-27-06	Fosamax	70mg tablet	1 tablet weekly, Sunday
3-8-06	Allegra	60mg tablet	2 tablets by mouth, twice daily (hives)
3-21-06	Flovent	110 mcg inhaler	2 puffs orally, twice daily (Asthma)
3-31-06	Fexofenadine HCL (substituted for Allegra)	60 mg tablet	As needed - usually 1, 2x daily.
4-1-06	Tylenol Extra Strength - OTC	500 mg caplet	per pkg. instructions (headaches, pain)
4-10-06	Peppid - OTC	20 mg	1 tablet, 2x daily