



Call Asante Pharmacy at (541) 789-5850 for more information.

Download a form at asante.org/medicationlist

MY PERSONAL INFORMATION

Name
Date of birth
Phone number

Emergency contact

Name
Phone number

Doctor and pharmacy

Physician name
Phone number
Pharmacy name
Phone number

Other doctors, specialists and pharmacies

Blank lines for other doctors, specialists and pharmacies

I have:

- Living will
Durable Power of Attorney for Health Care
Advance directive
Physicians Orders for Life-Sustaining Treatment, or POLST

Visit oregon.gov to download forms for POLST and advance directives.

My medications

Table with 4 columns: Date (added/changed), Name of medicine, Dose, Frequency. Multiple empty rows for data entry.

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Vitamins and supplements

Allergies and sensitivities