

PATIENT NAME DATE OF BIRTH DATE UPDATED FAMILY DOCTOR

EMERGENCY CONTACT & PHONE

ALLERGIES / BAD REACTIONS — WRITE NONE IF NONE

	MEDICINE	WHAT IT'S FOR <i>in plain words</i>	HOW MUCH	WHEN TO TAKE <i>tick all that apply</i>	SPECIAL INSTRUCTIONS <i>cautions & dates</i>
1				☐ Morning ☐ Noon ☐ Evening ☐ Bedtime ☐ Only as needed ☐ Every hrs	START DATE END / REVIEW DATE
2				☐ Morning ☐ Noon ☐ Evening ☐ Bedtime ☐ Only as needed ☐ Every hrs	START DATE END / REVIEW DATE
3				☐ Morning ☐ Noon ☐ Evening ☐ Bedtime ☐ Only as needed ☐ Every hrs	START DATE END / REVIEW DATE
4				☐ Morning ☐ Noon ☐ Evening ☐ Bedtime ☐ Only as needed ☐ Every hrs	START DATE END / REVIEW DATE
5				☐ Morning ☐ Noon ☐ Evening ☐ Bedtime ☐ Only as needed ☐ Every hrs	START DATE END / REVIEW DATE
6				☐ Morning ☐ Noon ☐ Evening ☐ Bedtime ☐ Only as needed ☐ Every hrs	START DATE END / REVIEW DATE

Our team can help you:

- Identify potential drug interactions
- Understand how to use your medications
- Know when it's time to refill your medications
- Learn about other services available by contacting the pharmacy.

Contact: 905-237-6364 • hello@vivahealthpharmacy.com •  [vivahealth_centre_pharmacy](https://www.instagram.com/vivahealth_centre_pharmacy)

Terms and conditions apply.