PERSONAL MEDICATION LIST FOR:	DOB:				
 This medication list was made for you after from prescription claims data. Use blank rows to add new medications. Then fill in the dates you started using them. Cross out medications when you not longer use them. Then write the date and why you stopped using them. 	Keep this list up-to-date with:				
 Ask your doctors, pharmacists, and 					
-	care team to update this list at every				
If you go to the hospital or emergency rowith your family or caregivers too.	om, take this list with you. Share this DATE PREPARED:				
Allergies or side effects:					
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Medication:					
How I use it:					
Why I use it:	Prescriber:				
Date I started using it:	Date I stopped using it:				
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Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Other Information:		

If you have any questions about your medication list, call El Paso Health Medicare Advantage Dual (HMO D-SNP) toll free 1-833-742-3125, TTY Users: 711. We are available October 1 – March 31, 8 a.m. to 8 p.m. Mountain Time (MT) 7 days a week, and April 1 – September 30, 8 a.m. to 8 p.m. MT Monday through Friday.

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