



My Medication Card

Personal Information

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Prescribers may submit prescriptions to DaVita Rx in the following ways:

- Fax: 1-866-667-1831
- Phone: 1-888-DAVITARX (1-888-328-4827)
- ePrescribe: to DaVita Rx
NCPDP #0546688
(address lookup: 1234 Lakeshore Dr.
Ste 200, Coppell, TX 75019)

Emergency Contacts

Physician Name and Phone Number:

Pharmacy Name and Phone Number:

Emergency Contact and Phone Number:

Medication Allergies

Allergy and Reaction:

Medical History (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> asthma/COPD | <input type="checkbox"/> heart disease |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> cancer |
| <input type="checkbox"/> kidney disease | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> other _____ | |

Over-the-Counter Medication(s)

Check those that you use regularly:

- ☐ allergy relief, antihistamines
- ☐ antacids or heartburn medications
- ☐ pain medications (acetaminophen/ibuprofen)
- ☐ cold/cough medicines
- ☐ diet pills
- ☐ herbals, dietary supplements
- ☐ laxatives
- ☐ sleep aids
- ☐ vitamins or minerals
- ☐ other _____

Review and update this medication list whenever you see a prescriber,
including your primary care physician, specialist or emergency room physician.

Date started	Name of Medication	Dose & Strength	When do you take it?	Purpose	Prescriber
	Brand name, generic name or over the counter drugs	Mg, units, puffs, drops	How many times per day? Morning and night? After meals?	Why do you take it?	