

**RANCHO FAMILY MEDICAL GROUP-**  
 TEMECULA, CA (951) 676-4193  
[www.RanchoFamilyMed.com](http://www.RanchoFamilyMed.com)

NAME: \_\_\_\_\_ FAMILY DOCTOR: \_\_\_\_\_

PHARMACY: \_\_\_\_\_ PHONE/FAX #: \_\_\_\_\_ / \_\_\_\_\_

*Medicine and Supplement List*

Name	Dose	Directions (Circle AM/PM)	Purpose of Medicine
		Take ___ Pill in AM PM	
		Take ___ Pill in AM PM	
		Take ___ Pill in AM PM	
		Take ___ Pill in AM PM	
		Take ___ Pill in AM PM	
		Take ___ Pill in AM PM	
		Take ___ Pill in AM PM	
		Take ___ Pill in AM PM	
		Take ___ Pill in AM PM	
		Take ___ Pill in AM PM	
		Take ___ Pill in AM PM	

Date: \_\_\_\_\_

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Please keep this list in your wallet or purse. **If you need a refill on a medicine, please contact your pharmacy 3-4 business days before you run out so they can fax a refill request to your doctor's office.** For more information, visit [www.RanchoFamilyMed.com](http://www.RanchoFamilyMed.com)