



Oral Medication List

Instructions: Please fill out this form completely. In order to ensure all paperwork is uniform for each traveler, we do not accept other types of medication sheets.

Name of Traveler: _____

Name and Date of Trip: _____

Traveler's Home Time Zone*: _____

*****If traveler does not take any prescribed oral medications, please check here _____**

				Put an X in the box for when med. should be given**										
Oral Medications and # of pills per dose***	Reason for Medication	Mg per pill	Frequency	6a	8a	10a	12p	2p	4p	6p	8p	10p	HS	Special Instructions (e.g. take w/ food, alternate medication time, etc...)

* Please use traveler's home time zone for Medication times, we will adjust them for the destination as needed.
 ** If your medication time is not listed, either check the closest time or write time to be given in the "special instructions" box.
 *** If more space is required please make a copy of this form.