

Medication List

The following document was prepared by the Myasthenia Gravis Association. Below is an example of a medication list. This medication list is simply an example and is not intended for you to adhere to. On the second page you will find a blank medication list. Please use that list as your medication list.

Medication List: An Example

Name of Medication (Brand/Generic)	Dosage	Medication Instructions/Times Per Day	Indication	Date Started	Who Prescribed the Medication	Additional Notes
Mestinon	60 MG	Take 1 tablet every 3 hours daily.	Myasthenia Gravis	04/22/2005	Dr. X	
Prednisone	10 MG	Take 2 tablets daily.	Myasthenia Gravis	05/06/2006	Dr. Y	<i>"Follow the prescription for the next four weeks—call doc and discuss progress to potentially taper down."</i>
Singular	10 MG	Take 1 tablet every morning.	Allergies	12/02/2001	Dr. Z	

My Medication List

Name of Medication (Brand/Generic)	Dosage	Medication Instructions/Times Per Day	Indication	Date Started	Who Prescribed the Medication	Additional Notes

My Medication List

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