DocuBank Member: This form is provided for your convenience. If you have already compiled a medication list that is legible and up-to-date, you may submit it with the form on the back of this page. You must SIGN and DATE your Medication List (this one or your own) before sending it!

Medication List for ______ as of ___/__/___

Dosage	Frequency

Medical Allergies (If Applicable)

Medical Specialists (If Applicable)

Name	Туре	Phone

Use Additional Sheets as Necessary

STORE MY MEDICATION LIST WITH DOCUBANK

I authorize DocuBank to store my medication list and make it available along with my other healthcare directives when my emergency card is used. This medication list is accurate as of today's date. I am responsible for updating my medication list with DocuBank.

Member Signature	DocuBank Member #	
Member Email Address (REQUIRED)		

Complete the front of this form and send it with your list and payment (if applicable) **to DocuBank.** For guestions or for Member Services, call toll-free 1-866-DOCUBANK (866-362-8226)