



Prescription Medication Tracker

Name: _____

Date: _____

Current RX Medication	Strength of Drug (mg.)	Dosage (How many/ how often)	Actual Cost of Drugs per Month \$*	Place of Purchase	Prescribing Physician
Brand Name:					
Generic Name:					
Brand Name:					
Generic Name:					
Brand Name:					
Generic Name:					
Brand Name:					
Generic Name:					
Brand Name:					
Generic Name:					
Brand Name:					
Generic Name:					
Brand Name:					
Generic Name:					
Brand Name:					
Generic Name:					
Brand Name:					
Generic Name:					
Brand Name:					
Generic Name:					

**ACTUAL cost means full cost before insurance — NOT the copayment or coinsurance you pay. Consult your pharmacist if you do not know the full retail price of a drug.*