

# Personal Medication Worksheet Instructions

## Generic Name or Active Pharmaceutical Ingredient

- Name of your medication
- Active ingredient in your medication

## Used to Treat

- Disease or illness this medication is treating for you

## Prescription

- Do you have a prescription for this medication?

## Daily Dosage

- How many doses you take daily, weekly, etc
  - Example – One 50 mg pill daily

- What form is your medication in?
  - Examples – Pills, capsules, strips, injections, liquids

## Amount of Doses

- How many doses are in this shipment?
  - Example – Thirty 50 mg pills

## Value

- Value of your medication – this is required for customs
- Specify currency

## Manufacturer's Name and Address

- Full Name and address
  - Street Number
  - Street Name
  - City
  - Country

Form



