



## Medication List

Fill out this medication list and use it to help keep all your medications, and the times they are taken, in one place.

Name of Medication	Indication	Dose	 AM Dose	 PM Dose	Prescribing Doctor
			time __:__	time __:__	
			time __:__	time __:__	
			time __:__	time __:__	
			time __:__	time __:__	
			time __:__	time __:__	
			time __:__	time __:__	

### Rescue Medication(s)

Enter name(s) of medication(s), dosage, and any other instructions.

Name of Medication	Dose	Other Instructions

### Notes

Write down any special instructions or known allergies.

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**For questions about EPIDIOLEX support services,  
please call 1-833-426-4243.  
Customer service associates are available  
Monday through Friday, 8:00 AM - 8:00 PM ET (excluding holidays).**