



<DATE>

<FIRST\_NAME> <LAST\_NAME>  
<STREET\_ADDRESS>  
<CITY>, <STATE> <ZIP>

Dear <FIRST\_NAME> <LAST\_NAME> ,

Thank you for talking with me on <CMR\_DATE>, about your health and medications. As a follow-up to our conversation, I have included two documents:

1. Your **Recommended To-Do List** has steps you should take to get the best results from your medications.
2. Your **Medication List** will help you keep track of your medications and how to take them.

If you want to talk about these documents, please call <PROVIDER\_NAME> at <PROVIDER\_PHONE>, <PROVIDER\_HOURS>. TTY users call <PROVIDER\_TTY>.

I look forward to working with you and your doctors to make sure your medications work well for you.

Sincerely,  
<PROVIDER\_SIGNATURE>

<PROVIDER\_NAME>  
<PROVIDER\_TITLE>, <ORGANIZATION>

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## Recommended To-Do List

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Prepared on: <DATE>

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You can get the best results from your medications by completing the items on this "**To-Do List.**"



Bring your **To-Do List** when you go to your doctor. And, share it with your family or caregivers.

### My To-Do List

<p><b>What we talked about:</b></p> <p>We created a list of the medications you are taking. We talked about why you use each medication and the best way to take them.</p>	<p><b>What I should do:</b></p> <p><input type="checkbox"/> It is important to take your medications as directed to get the most from them. Talk to your pharmacist if there are changes to your medications or if you have questions.</p>
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# How to Safely Dispose of Unused Prescription Medications

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Prepared on: <DATE>

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Get rid of unused or expired medicine as soon as possible. Read the information that came with your medicine. It might tell you how to safely get rid of it. If you don't have the information, follow one of these safe options:

1. **Ask your local pharmacy** if they have a program to get rid of medicine you do not need anymore.
  - Some pharmacies (and other DEA approved sites) allow medicine to be mailed to the pharmacy.
  - Ask for the special packages needed to mail medicine.
2. Bring the medicine to a **community Drug Take Back program**.
  - This is the best method for controlled substances.
  - Drug Take Back programs near you:
    - <LOCATION\_NAME>  
<STREET> <CITY>, <STATE> <ZIP>
    - <LOCATION\_NAME>  
<STREET> <CITY>, <STATE> <ZIP>
3. Visit **DEATakeBack.com** to find other collection sites in your area.
  - You can search by your city or zip code at <https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1>.
4. Follow the steps below to **throw away medicine in the trash** or flush *approved* medications.
  - Do not flush medicine in the toilet or sink unless there are instructions telling you to do so. Learn more about the flush list and safe medicine disposal at <https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>.

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▼ Take or scratch off personal information, including Rx number, from the packaging before getting rid of medicine.

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## Throwing away medicine at home

There are three simple steps to throw away your medicine in your household trash:

1. **Remove** the medicine from its container and **mix** with an unappealing substance, such as dirt, used coffee grounds or kitty litter.
2. Put in **sealable bag** or other container. This will prevent leaking or breaking out of the garbage bag.
3. Place in the trash.

## Medication List

Prepared on: <DATE>



Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.



Note any changes to how you take your medications. Cross out medications when you no longer use them.

Medication	How I take it	Why I use it	Prescriber
<b>&lt; Insert generic name and brand name, strength, and dosage form for current/active medications &gt;</b>	<i>&lt; Insert regimen, (e.g., 1 tablet by mouth daily), use of related devices, and supplemental instructions as appropriate &gt;</i>	<i>&lt; Insert indication or intended medical use &gt;</i>	<i>&lt; Insert prescriber name &gt;</i>



Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

Medication	How I take it	Why I use it	Prescriber

 **Allergies:**

 **Side effects I have had:**



**My notes and questions:**