



THE MASTOCYTOSIS SOCIETY

Mast Cell Disorders

**MEDICATION BY INDICATION ORGANIZER**  
**\*\*\*SAMPLE MEDICATION LIST\*\*\***

Here is a guideline of how one might fill out this form. You can contact us at [erpackethelp@tmsforacure.org](mailto:erpackethelp@tmsforacure.org) with any further questions and we will be happy to assist you.

**MAJOR ILLNESSES**

<b>INDICATION #1:</b> <u>Mastocytosis</u>		<b>MEDICATION LIST:</b>		
<b>Drug Name &amp; Strength</b>	<b>Generic</b>	<b>Dosage</b>	<b>How Often</b>	<b>Reason for taking this medication</b>
Gastrocrom 100 mg ampules	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	200 mg - 2 ampules	4x daily 30 min before meals	Stabilize mast cells in GI tract; Brain fog
Zyrtec 10 mg tablets	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	10 mg - 1 tablet	1 tablet 2x daily	H1 Blocker for itching and for mast cell symptoms
Zantac 300 mg tablets	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	300 mg - 1 tablet	1 tablet 2x daily	GERD/acid reflux and mast cell symptoms
Zyflo CR 600 mg tablets	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	600 mg - 1 tablet	1 tablet 2x daily	Help stabilize mast cell symptoms
Prilosec 40 mg capsules	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	40 mg - 1 capsule	1 tablet 2x daily	Control GERD/acid reflux
Hydroxyzine 25 mg tablets	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	50 mg - 2 tablets	2 tablets 3x daily	H1 blocker to control itching/flushing
	<input type="checkbox"/> Y <input type="checkbox"/> N			
	<input type="checkbox"/> Y <input type="checkbox"/> N			
	<input type="checkbox"/> Y <input type="checkbox"/> N			
	<input type="checkbox"/> Y <input type="checkbox"/> N			

**OTHER ILLNESSES**

<b>INDICATION #X:</b> <u>Diabetes</u>		<b>MEDICATION LIST:</b>		
<b>Drug Name &amp; Strength</b>	<b>Generic</b>	<b>Dosage</b>	<b>How Often</b>	<b>Reason for taking this medication</b>
Metformin 1000 mg tablets	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1000 mg - 1 tablet	1 tablet 2x daily	To control glucose
Glimiperide 1 mg tablets	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1 mg - 1 tablet	1 tablet with lunch	To control glucose
	<input type="checkbox"/> Y <input type="checkbox"/> N			
	<input type="checkbox"/> Y <input type="checkbox"/> N			
	<input type="checkbox"/> Y <input type="checkbox"/> N			



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**DRUG ALLERGY FORM**  
**\*\*\*SAMPLE DRUG ALLERGY FORM\*\*\***

<b>Drug Brand Name</b>	<b>Drug Generic Name</b>	<b>Reaction To Drug</b>	<b>How Long Ago Reaction Occurred</b>
Gastromol	Oral Cromolyn Sodium	Itching	2 years
Zantac	Ranitadine	Hives and itchy throat	2 months