



The Mastocytosis Society

The Mastocytosis Society • P.O. Box 731 • Brenham, TX 77834

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

Here is a guideline of how one might fill out this form. We are available for assistance today, and after this session, you can contact us at erpackethelp@tmsforacure.org and we will be happy to assist you further online. For those without a computer, the TMS phone message line, 909-206-2785 is always available for you to contact us by leaving a clear message with your name and phone number.

MAJOR ILLNESSES

INDICATION #1: <u>Mastocytosis</u>			MEDICATION LIST:	
Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
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

INDICATION #X: <u>Diabetes</u>			MEDICATION LIST:	
Drug Name & Strength	Generic	Dosage	How Often	Reason for taking this medication
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*****

Drug Brand Name	Drug Generic Name	Reaction To Drug	How Long Ago Reaction Occurred
Gastrocrom	Oral Cromolyn Sodium	Itching	2 years
Zantac	Ranitadine	Hives and itchy throat	2 months