

Date: [Insert Date]

To: [Obstetrician/Healthcare Provider Name]

From: [Your Full Name]

Date of Birth: [Your Date of Birth]

Subject: List of Current Medications and Prenatal Vitamins

Dear [Doctor's Name],

As part of my prenatal care, I am providing a complete list of the medications, supplements, and prenatal vitamins I am currently taking.

Prenatal Vitamins:

- Brand Name: [e.g., Nature Made]
- Dosage: [e.g., 1 tablet daily]
- Contains Folic Acid: [Yes/No]
- Contains DHA: [Yes/No]

Prescription Medications:

- Medication Name: [Insert Name] | Dosage: [e.g., 50mg] | Frequency: [e.g., Once daily] | Reason for taking: [Insert Reason]
- Medication Name: [Insert Name] | Dosage: [e.g., 10mg] | Frequency: [e.g., As needed] | Reason for taking: [Insert Reason]

Over-the-Counter Medications & Supplements:

- Supplement Name: [e.g., Iron, Vitamin D] | Dosage: [e.g., 1000 IU] | Frequency: [e.g., Daily]
- OTC Medication: [e.g., Occasional Tylenol] | Frequency: [e.g., Rare]

Allergies to Medications:

[List any allergies here or write "None"]

Please review this list and let me know if I should discontinue or adjust any of these during my pregnancy.

Sincerely,

[Your Signature]

[Your Phone Number]