Patient Information	For All Your Cystic Fibrosis Heath Care Needs			Personal Pocket Medication Card		
Name: Phone: Allergies:	Provid	er Informa	ion	Cystic Fibrosis Medication		
Physicians: Name:				Remin	der C	ard
Phone:				Prov	ided By	
Phone:  Name:  Phone:  Pharmacy:  Phone:	For more information about Cystic Fibrosis please visit: www.cff.org			THE UNIVERSITY OF ARIZONA-PEDIATRIC PULMONARY CENTER www.uappc.peds.arizona.edu		
Medication Record Drug Name	Med	Number or Dose	Times A Day	Nebulizer Puff or Pill	Start Date	End Date
□ DNase (Pulmozyme®)	Strength 2.5 mg	of Dose	,	ruii oi riii	Date	Date
□ Tobramycin (TOBI®)	mg					
□ Albuterol	2.5 or 5 mg					
□ Azithromycin	mg					
□ ADEK <sub>®</sub> Vitamins						
Enzymes:		/ Meals / Snack				
Additional Meds Below:						