

Osteoporosis Medicines Prescribed for Me

When your healthcare provider prescribes an osteoporosis medicine, record the name of the drug, the amount included in each dose, the date you start or stop the medicine and any special instructions. Never stop your medicine without first talking to your healthcare provider.

Pharmacy: _____

Phone: _____

Name: _____ Dose: _____

How/when to take: _____

Start/stop dates: _____

Special instructions: _____

Name: _____ Dose: _____

How/when to take: _____

Start/stop dates: _____

Special instructions: _____

Name: _____ Dose: _____

How/when to take: _____

Start/stop dates: _____

Special instructions: _____



(800) 231-4222

www.nof.org

My Bone Health History

Use this card to keep important information about your bone health all in one place. Take it with you to your medical appointments to review with your healthcare providers.

My Information

First name: _____

Last name: _____

Date of birth: _____ / _____ / _____

Doctor: _____

Phone: _____

score

My Bone Density Testing Information

If possible, always have your bone density tested at the same facility. Your test results will include t-scores for the bones in your hip (called femoral neck or total hip), spine and possibly other bones. Record your t-scores for each bone tested.

Name of facility: _____

Phone: _____

Date: _____

T-scores for hip or femoral neck: _____

T-scores for spine: _____

Other information: _____

Date: _____

T-scores for hip or femoral neck: _____

T-scores for spine: _____

Other information: _____

Date: _____

T-scores for hip or femoral neck: _____

T-scores for spine: _____

Other information: _____

Supplements I take (including multivitamins)

Track the supplements you take each day. Read labels to determine the amount of calcium and vitamin D in each dose and the number of pills you need to take to get that amount. Your body absorbs calcium best in amounts of 500 - 600 milligrams at a time. Do not take more calcium than you need. This includes the calcium you get from the foods you eat.

Supplement name: _____

Amount of calcium in each dose: _____

Amount of vitamin D in each dose: _____

Number of pills per dose: _____

Special instructions _____

Supplement name: _____

Amount of calcium in each dose: _____

Amount of vitamin D in each dose: _____

Number of pills per dose: _____

Special instructions _____

Other supplements I take _____

score