

MEDICATION MANAGEMENT CHART

Effective Date: _____

Patient Name:

Primary Physician:

Emergency Contact:

Pharmacy Phone:

MEDICATION & STRENGTH	DOSAGE	FREQUENCY / TIME	CONDITION / PURPOSE	REFILL DATE
Lisinopril 10mg	1 Tablet	Once Daily (Morning)	Hypertension	
Metformin 500mg	1 Tablet	Twice Daily (W/ Meals)	Type 2 Diabetes	

DAILY TRACKING & SIDE EFFECTS:

Always consult with your healthcare provider before making changes to your medication regimen.