

# MEDICATION SCHEDULE

Week of: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

TIME	MEDICATION & DOSAGE	INSTRUCTIONS (FOOD/WATER)	M T W T F S S
<b>Morning</b>	Donepezil (10mg)	With breakfast	
<b>Noon</b>	Multivitamin	After lunch	
<b>Evening</b>	Memantine (10mg)	With dinner	
<b>Bedtime</b>	Melatonin (3mg)	30 mins before sleep	
<b>As Needed</b>	Acetaminophen (500mg)	For joint pain	

## Caregiver Observations:

In case of emergency, contact: \_\_\_\_\_ | Phone: \_\_\_\_\_

\_\_\_\_\_