

MEDICATION LOG

Week Starting: _____

Patient Name: _____

Condition: _____

MEDICATION NAME / PURPOSE	DOSAGE	SCHEDULE / TIME	SPECIAL INSTRUCTIONS (FOOD, ETC.)	DAILY LOG (M T W T F S S)
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PRN / AS NEEDED MEDICATIONS

MEDICATION	DATE/TIME	REASON	RESULT / NOTES
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MEDICATION	DATE/TIME	REASON	RESULT / NOTES
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This document is for personal tracking only. Always consult your physician before changing medication routines.