

MEDICATION LOG

Week of: _____

Patient Name: _____

DOB: ____ / ____ / ____

Primary Physician: _____

Phone: _____

TIME	MEDICATION & PURPOSE	DOSAGE	M	T	W	T	F	S	S
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Morning	Example: Lisinopril (Blood Pressure)	10mg							
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Afternoon

Evening

Bedtime

As Needed

** Initial each box after medication is administered. Note any side effects or missed doses in the comments section below.*

Notes/Comments: