

# MEDICATION SCHEDULE

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

Week Of: \_\_\_\_\_

<b>MEDICATION &amp; DOSAGE</b>	<b>MORNING</b>	<b>AFTERNOON</b>	<b>EVENING</b>	<b>INSTRUCTIONS / PURPOSE</b>
<b>Lisinopril</b> 10mg Tablet				Take with water; Blood pressure
<b>Metformin</b> 500mg				Take with meals; Blood sugar
<b>Atorvastatin</b> 20mg				Take before bed; Cholesterol
<b>Multivitamin</b> 1 Count				General health

**DAILY NOTES & SIDE EFFECTS**