

# HEART HEALTH MEDICATION SCHEDULE

Effective Date: \_\_\_\_\_

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

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

Pharmacy Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

MEDICATION NAME / DOSE	PURPOSE	MORNING	NOON	EVENING	BEDTIME	SPECIAL INSTRUCTIONS
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**Atorvastatin**  
(20mg)

Cholesterol

Take with or without food

**Lisinopril**  
(10mg)

Blood Pressure

Avoid salt substitutes

## Daily Log / Notes:

(Record BP readings, heart rate, or new symptoms here)

## EMERGENCY CONTACTS:

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cardiologist:

\_\_\_\_\_  
Always consult your healthcare provider before making changes to your medication routine.