

MEDICATION SCHEDULE

Surgery Date: ____/____/____

Patient Name: _____

Provider Phone: _____

| MEDICATION & DOSAGE | PURPOSE | FREQUENCY | TIME LOG (M T W T F S S) | NOTES |
|------------------------------------|--------------------|---------------|--------------------------|--------------|
| Example: Ibuprofen 600mg | Pain / Swelling | Every 6 hours | | With food |

SPECIAL INSTRUCTIONS & ALARM SIGNS:

â€¢ Call clinic if fever exceeds 101F.

â€¢ Do not drive while taking narcotic pain medication.

â€¢ Maintain hydration unless restricted.

This document is a template only. Follow your surgeon's specific instructions.