

# MEDICATION SCHEDULE

Week of: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Physician: \_\_\_\_\_  
Pharmacy Phone: \_\_\_\_\_

Time of Day	Medication & Dosage	Purpose	Instructions	MTWTFSS
<b>Morning</b> Breakfast	Example: Lisinopril 10mg	Blood Pressure	With food	
<b>Noon</b> Lunch	Example: Multivitamin	General Health	Full glass of water	
<b>Evening</b> Dinner	Example: Atorvastatin 20mg	Cholesterol	Avoid grapefruit	
<b>Night</b> Bedtime	Example: Melatonin 3mg	Sleep Aid	30 min before bed	

## Special Notes / As Needed (PRN)

*Example: Ibuprofen 200mg for pain - Max 3 times daily*