

MEDICATION SCHEDULE

Effective Date: _____

Patient Name: _____

Caregiver: _____

Emergency Contact: _____

Pharmacy Phone: _____

MEDICATION & STRENGTH	DOSAGE	ROUTE	TIME	M	T	W	T	F	S	S
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Example: Lisinopril 10mg	1 Tablet	Oral	08:00 AM							
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Special Instructions / Side Effects to Watch:

e.g., Take with food, avoid grapefruit, monitor for dizziness...

*Consult with a healthcare professional before making any changes to prescribed medication routines.