

MEDICATION SCHEDULE

Office: City Health Medical Group

Phone: (555) 012-3456

Patient Name: _____

Date: _____

Known Allergies: _____

Physician: _____

MEDICATION & DOSAGE

PURPOSE

DAILY SCHEDULE

SPECIAL INSTRUCTIONS

Example:
Lisinopril 10mg

Blood
Pressure

MORNING

NOON

EVENING

BED

Take once daily in the morning with water.

Important Notes:

⚠ Do not stop taking any medication without consulting your physician first.

⚠ If you miss a dose, do not double the next dose unless instructed.

⚠ Bring this chart and all current medication bottles to every appointment.

This document is for informational purposes only. In case of emergency, call 911.