

MEDICATION SCHEDULE

Patient: _____ Date: _____

TIME OF DAY	MEDICATION NAME	DOSAGE / QTY	SPECIAL INSTRUCTIONS
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MORNING Breakfast	Example: Lisinopril	10mg (1 Pill)	Take with water
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EVENING Dinner/Bed	Example: Atorvastatin	20mg (1 Pill)	Before sleep
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AS NEEDED PRN			Max 2 doses per day
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Emergency Contact: _____

Pharmacy Phone: _____