

MEDICATION ADMINISTRATION SCHEDULE

Week of: _____

Patient Name: _____

Physician: _____

Pharmacy Phone: _____

Allergies: _____

MEDICATION NAME	DOSAGE	MORNING	NOON	EVENING	BEDTIME	INSTRUCTIONS / PURPOSE
Lisinopril	10mg	â—				Blood Pressure - Take with water
Metformin	500mg	â—		â—		Diabetes - Take with meals

Daily Log Summary

DAY

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W

T

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S

NOTES

Confirmed Initial

This document is a template for personal tracking only. Always follow your healthcare provider's specific instructions.