

MEDICATION DOSAGE SCHEDULE

Effective Date: _____

PATIENT NAME John Doe

PHYSICIAN / PHARMACY CONTACT Dr. Smith (555-0123)

| TIME OF DAY | MEDICATION NAME | DOSAGE | INSTRUCTIONS / PURPOSE |
|-----------------------------|-----------------|----------------|--|
| Morning 8:00 AM | Lisinopril | 10 mg (1 Pill) | Take with water. For blood pressure. |
| Afternoon 1:00 PM | Multivitamin | 1 Tablet | Take with food. |
| Evening 8:00 PM | Atorvastatin | 20 mg (1 Pill) | Avoid grapefruit juice. For cholesterol. |

DAILY TRACKING LOGS

MON
TUE
WED
THU
FRI
SAT
SUN

Important: Always consult with your healthcare provider before changing your medication routine.