

# MEDICATION SCHEDULE

Effective Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Physician: \_\_\_\_\_

## DAILY SCHEDULE

MEDICATION & STRENGTH	PURPOSE	DOSAGE	DAILY SCHEDULE				SPECIAL INSTRUCTIONS
			MORNING	NOON	EVENING	BED	
Lisinopril 10mg	Blood Pressure	1 Tablet	X				Take on empty stomach

### Notes & Allergies:

Always consult with a healthcare professional before changing medication routines.