

MEDICATION SCHEDULE

Patient Name: _____

Date: _____

MEDICATION & STRENGTH	PURPOSE	MORNING	MIDDAY	EVENING	BEDTIME	SPECIAL INSTRUCTIONS
Lisinopril 10mg	Blood Pressure	1 Pill				Take with food
Metformin 500mg	Diabetes	1 Pill		1 Pill		Drink plenty of water

* Contact your physician or pharmacist immediately if you experience side effects.

Physician Contact: _____ | Pharmacy Phone: _____