**PATIENT MED CHART: a way to simplify your medication schedule**

Include prescription and non-prescription medicines.

**PATIENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_ PHARMACY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **MEDICATION NAME****and****REASON FOR USE** | **DOSE*** **- - - -**

**CHANGES** | **HOW OFTEN TO BE TAKEN :** **Write in number of tablets/capsules and/or best times** | **SPECIAL INSTRUCTIONS or DOSING** **For example:**-Avoid the Sun-No alcohol-Alternate days-Once a week (day)-Once a month-date |
| --- | --- | --- | --- |
| **\_\_?\_\_****Minutes Before****Meal(s)** | MCBD08078_0000[1]**Breakfast** | MCj04124640000[1]**Lunch** | **Mid-****After- noon** | MCNA00661_0000[1]**Dinner** | MCj02989130000[1]**Bedtime** | **As****Needed** |
| for:  |  |  |  |  |  |  |  |  |  |
| for:  |  |  |  |  |  |  |  |  |  |
| for:  |  |  |  |  |  |  |  |  |  |
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| for:  |  |  |  |  |  |  |  |  |  |
| for:  |  |  |  |  |  |  |  |  |  |
| for: |  |  |  |  |  |  |  |  |  |
| for: |  |  |  |  |  |  |  |  |  |