**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** |
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