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

Include <u>prescription</u> and <u>non-prescription</u> medicines.

PATIENT NAME		DATI	Ē	PHARM	PHARMACY			PHONE #	
MEDICATION NAME		HOW OFTEN TO BE TAKEN: Write in <u>number</u> of tablets/capsules and/or <u>best times</u>							SPECIAL INSTRUCTIONS or DOSING For example:
and REASON FOR USE	DOSE  CHANGES	? Minutes Before Meal(s)	Breakfast	Lunch	Mid- After- noon	Dinner	Bedtime	As Needed	-Avoid the Sun -No alcohol -Alternate days -Once a week (day) -Once a month-date
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