Medication Schedule

- List all prescriptions, over-the-counter drug, vitamins and herbs.
- Bring this to every doctor's appointment and if you go to the emergency room or hospital Date:

		How Much and How Often?				Reminder:	
Name and Dose of	This Medicine	Morning	Noon	Evening	Bedtime	When do I take it?	
Your Medicine	is for my		禁	•			

If you have any problems with you medicine – do not wait. Talk to your health care provider right away.

	Name of Primary	Primary Care Provider	
Patient Name:	Care Provider:	Phone Number:	