|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |   |   |   |   |   |  |
|   | 24 HOUR MEDICATION SCHEDULE |   |
|   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   | TIME | MEDICATION | DOSAGE | M | T | W | T | F | S | S |   |
|   | 12:00 AM | Xenazine 25mg | 1 Tablet | X | X | X |   |   |   |   |   |
|   | 1:00 AM |   |   |   |   |   |   |   |   |   |   |
|   | 2:00 AM |   |   |   |   |   |   |   |   |   |   |
|   | 3:00 AM |   |   |   |   |   |   |   |   |   |   |
|   | 4:00 AM |   |   |   |   |   |   |   |   |   |   |
|   | 5:00 AM |   |   |   |   |   |   |   |   |   |   |
|   | 6:00 AM | Vortioxetine 5mg | 2 Tablets | X | X | X |   |   |   |   |   |
|   | 7:00 AM |   |   |   |   |   |   |   |   |   |   |
|   | 8:00 AM |   |   |   |   |   |   |   |   |   |   |
|   | 9:00 AM |   |   |   |   |   |   |   |   |   |   |
|   | 10:00 AM |   |   |   |   |   |   |   |   |   |   |
|   | 11:00 AM |   |   |   |   |   |   |   |   |   |   |
|   | 12:00 PM | Gentamicin 10 mg/mL | 10ml | X | X | X | X | X | X | X |   |
|   | 1:00 PM |   |   |   |   |   |   |   |   |   |   |
|   | 2:00 PM |   |   |   |   |   |   |   |   |   |   |
|   | 3:00 PM |   |   |   |   |   |   |   |   |   |   |
|   | 4:00 PM |   |   |   |   |   |   |   |   |   |   |
|   | 5:00 PM |   |   |   |   |   |   |   |   |   |   |
|   | 6:00 PM |   |   |   |   |   |   |   |   |   |   |
|   | 7:00 PM |   |   |   |   |   |   |   |   |   |   |
|   | 8:00 PM |   |   |   |   |   |   |   |   |   |   |
|   | 9:00 PM |   |   |   |   |   |   |   |   |   |   |
|   | 10:00 PM |   |   |   |   |   |   |   |   |   |   |
|   | 11:00 PM |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   | **Patient:** | JANNIFER CRISP | **Date:** | 23/10/2023 |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   | **MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY** |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
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