Medication Schedule

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name ofMedicine | Dose | When to take: | With or without food | What is the medication for? | Date started/Date Stopped/Date dose changed | Doctor who started the med. | Side  Effects |
| A.M. | Noon | P.M. | Bedtime |
|  |  | A.M. | Noon | P.M. | Bedtime |  |  |  |  |  |
|  |  | A.M. | Noon | P.M. | Bedtime |  |  |  |  |  |
|  |  | A.M. | Noon | P.M. | Bedtime |  |  |  |  |  |
|  |  | A.M. | Noon | P.M. | Bedtime |  |  |  |  |  |
|  |  | A.M. | Noon | P.M. | Bedtime |  |  |  |  |  |
|  |  | A.M. | Noon | P.M. | Bedtime |  |  |  |  |  |
|  |  | A.M. | Noon | P.M. | Bedtime |  |  |  |  |  |
|  |  | A.M. | Noon | P.M. | Bedtime |  |  |  |  |  |