

MEDICATION CHART for: _____ DATE: _____

Name of Medication and Strength	Dosage	When to Take Dose	How to Take Dose	Reason for Taking Medication
EXAMPLE: Tylenol 200mg	Example: Number of tablets, teaspoons, puffs	12 p.m., or before bed	With food, or one drop in each eye	

Family doctor's name and telephone number: _____

Name of pharmacy and telephone number: _____

Notes: _____