

MEDICATION CHART for: _____

DATE: _____

Name of medication and strength	Dosage	When to take dose	How to take dose	Reason for taking medication
<u>Examples:</u> Tylenol, 200 mg	<u>Example:</u> number of tablets, teaspoons, puffs	<u>Example:</u> 12 p.m. or before bed	<u>Examples:</u> with food, one drop in each eye	Example: back pain

Family doctor's name and phone number: _____

Name of the pharmacy and phone number: _____

Notes: _____