

MY MEDICINES

NAME _____

DOSAGE _____

SCHEDULE _____ AM _____ PM _____ PM _____ PM _____

NAME _____

DOSAGE _____

SCHEDULE _____ AM _____ PM _____ PM _____ PM _____

NAME _____

DOSAGE _____

SCHEDULE _____ AM _____ PM _____ PM _____ PM _____

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SCHEDULE _____ AM _____ PM _____ PM _____ PM _____

NAME _____

DOSAGE _____

SCHEDULE _____ AM _____ PM _____ PM _____ PM _____

For more information about
your medication or to learn more about your health visit...

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THE WEB SITE YOUR DOCTOR PRESCRIBES