|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient’s Medication List – as of Date** | | | | |
| **Medication Name, Dose, and Indication** | **8:00 am** | **1:00 pm** | **8:00 pm** | **Bedtime** |
| **“Medication Name”**  Take “” tablets(s) every “” hours 🡪 reason for medication |  |  |  |  |
| **“Medication Name”**  Take “” tablets(s) every “” hours 🡪 reason for medication |  |  |  |  |
| **“Medication Name”**  Take “” tablets(s) every “” hours 🡪 reason for medication |  |  |  |  |
| **“Medication Name”**  Take “” tablets(s) every “” hours 🡪 reason for medication |  |  |  |  |
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| **“Medication Name”**  Take “” tablets(s) every “” hours 🡪 reason for medication |  |  |  |  |
| **“Medication Name”**  Take “” tablets(s) as needed. 🡪 reason for medication | **As needed** | | | |
| **“Medication Name”**  Take “” tablets(s) as needed. 🡪 reason for medication | **As needed** | | | |
| **“Medication Name”**  Take “” tablets(s) as needed. 🡪 reason for medication | **As needed** | | | |
| **“Medication Name”**  Take “” tablets(s) as needed. 🡪 reason for medication | **As Needed** | | | |