Name of Person: .....

Date (update with each new medication): .....

Name of medication	Strength of medication	How much to take (dose)	When to take	How to take	How long to take for	Notes (reason, take with or without food, don't mix with alcohol, etc.)
e.g. Med1	*xxxmg*	*1000mg (two tabs)*	*8:00am, and before bed*	*With a full glass of water*	*As needed for one month then follow up with Dr. Smith*	*To control knee pain*

Family Doctor or Nurse Practitioner: .....

Telephone number: .....

Name of Pharmacy: .....

Telephone number: .....