

# Medication Reminder Chart

<b>Prescription:</b>	Place a check mark each time you take your prescriptions								
<b>Drug:</b> <b>Description:</b> <b>For:</b> <b>Dosage:</b> <b>Dr.:</b> <b>Phone:</b>	<b>Time</b>	<b>SU</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>	<b>SA</b>	<b>Notes</b>
	Morning								
	Afternoon								
	Evening								
	Night								
<b>Drug:</b> <b>Description:</b> <b>For:</b> <b>Dosage:</b> <b>Dr.:</b> <b>Phone:</b>	<b>Time</b>	<b>SU</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>	<b>SA</b>	<b>Notes</b>
	Morning								
	Afternoon								
	Evening								
	Night								
<b>Drug:</b> <b>Description:</b> <b>For:</b> <b>Dosage:</b> <b>Dr.:</b> <b>Phone:</b>	<b>Time</b>	<b>SU</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>	<b>SA</b>	<b>Notes</b>
	Morning								
	Afternoon								
	Evening								
	Night								
<b>Drug:</b> <b>Description:</b> <b>For:</b> <b>Dosage:</b> <b>Dr.:</b> <b>Phone:</b>	<b>Time</b>	<b>SU</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>	<b>SA</b>	<b>Notes</b>
	Morning								
	Afternoon								
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	Night								
<b>Drug:</b> <b>Description:</b> <b>For:</b> <b>Dosage:</b> <b>Dr.:</b> <b>Phone:</b>	<b>Time</b>	<b>SU</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>	<b>SA</b>	<b>Notes</b>
	Morning								
	Afternoon								
	Evening								
	Night								
<b>My Pharmacist:</b>	<b>Telephone:</b>								