

FOR EXAMPLE ONLY
PLEASE CONSULT YOUR DOCTOR FOR YOUR PATIENT'S SPECIFIC NEEDS

PATIENT MEDICATION LIST TO BE KEPT UPDATED:

PATIENT NAME: _____

MEDICATIONS LIST AS OF - AS OF DATE: _____

1. Lipitor 20 mg (Litorva = Atorvastatin, 1 per day at night)
2. Allopurinol 300 mg (1 per day, after lunch)
3. Januet 50/850 (2 PER DAY: one morning, one evening)
4. Eliquis 2.5 mg (1 tablet twice a day, 8 AM & 8 PM)
5. Nexium 40 mg (2 per day: 1 in AM 30 mins before breakfast & 1 at 10 PM)
6. Thyroxine 100 mg (1 per day: GIVE FIRST THING IN AM, BEFORE FOOD)
7. Spasmax 30 mg (1 tablet: before sleep)
8. NORMALOL 12.5 mg (1/2 of 25 mg tablet)
9. Vitamin B-12 (under the tongue twice a week: Sunday & Thursday)
10. Mupirocin ointment (antibiotic ointment if needed)
11. Ensure food supplement (Order one month's supply, two per day)
12. Chewable calcium (1 tablet: daily)
13. Vitamin D (2000 units per day= given once a week with drops)
14. Sorbon: 10 mg (3 times per day)
15. Ondansetron 4 mg (once a day)
16. Brintillix 10 mg (1 per day: am)
17. Gabapentin Teva 300 mg (1/2 capsule: nightly)
28. Diasporal 300 mg magnesium citrate sachets