Week of…											
(Patient's Name) Med Schedule					Daily Record & Time						
Time	Medicine	Mg Strength	Dosing	Notes	Sun Jan 1	2-Jan	3-Jan	4-Jan	5-Jan	6-Jan	7-Jan
Morning (7:00am - 9:00am)	Drug #1	600mg	1 tablet 2x/day	Take with a food; every day	X	X	X	X	X	X	X
	Drug #2	15mg	1 tablet/day	Only take 3x per week		X		X		X	
	Drug #3	Inhaler	Every 8 hrs		X	X	X	X	X	X	X
Early Afternoon (11:00pm - 1:00pm)	Drug #4	5mg	1 tablet/day	take for pain; as needed		X	X			X	
Late Afternoon (3:00pm - 5:00pm)	Drug #3	Inhaler	Every 8 hrs		X	X	X	X	X	X	X
Evening (7:00pm - 9:00pm)	Drug #1	600mg	1 tablet 2x/day	Take with a food; every day	X	X	X	X	X	X	X
Bedtime (9:00pm - 11:00pm)	Drug #3	Inhaler	Three times a day		X	X	X	X	X	X	X