

# Medicine Chart (Sample)

NAME OF MEDICINE AND STRENGTH Example: mg	DOSAGE Example: number of tablets, teaspoons, puffs	WHEN TO TAKE DOSE Example: 12 p.m., or before bed	HOW TO TAKE DOSE Example: on an empty stomach, or in each eye	REASON FOR TAKING IT

Family doctor's name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Name of pharmacy: \_\_\_\_\_

Telephone number: \_\_\_\_\_