

Medication Log (Schedule)

Name: _____

Date(s) Revised: _____

Instructions: Type onto this document or print and enter the information by hand. Check the boxes or enter the time of day when the medication or supplement (approved by the physician) is taken. Change this document, as needed. *Hint: Keep a copy of the most current medication list with this Medication Log.*

Medication or Supplement	Before breakfast Time?	With breakfast	Before lunch Time?	With lunch	Before dinner Time?	With Dinner	Before bedtime Time?	At bedtime	Other



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