

## Medication schedule grid

When the medication count goes past five, paper is faster than memory. *Fill in once. Tape to the kitchen cabinet or the bathroom mirror. Update as the regimen changes.*

### PATIENT AND PRESCRIBER INFO

PATIENT NAME

PRIMARY PRESCRIBER

PHARMACY AND PHONE

DATE OF THIS LIST

### DAILY MEDICATIONS

MEDICATION	DOSE	MORNING	NOON	EVENING	BEDTIME	WITH FOOD?	NOTES

### AS-NEEDED (PRN)

MEDICATION	DOSE	WHAT FOR	HOW OFTEN

MEDICATION	DOSE	WHAT FOR	HOW OFTEN

*This sheet is for inspiration only. Always consult your medical team for guidance specific to your situation. Inspired Comforts is not a medical provider.*

By the Inspired Comforts editorial team · [inspiredcomforts.com](http://inspiredcomforts.com)