# Daily Medicine Schedule

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Use this form to remind you when to take your medicines. Write the medicine's name in the column on the left, and check the box for the time (or times) you take it each day. Post this sheet where you can see it, such as near your medicine cabinet or wherever you store your medicines. Bring it to your doctor appointments. And take it with you when you travel.

| **Name of Medicine** | Before breakfast<br>What time? | With breakfast | Before Lunch<br>What time? | With Lunch | Before dinner<br>What time? | With dinner | Before bedtime<br>What time? | At bedtime | During the nighttime<br>What time? |
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