

FOR THE PATIENT

What You Must Know About Your Medicine



Patient's name _____

Name of patient's medicine _____

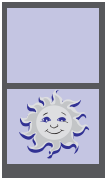
To be taken for this condition _____

Write in how much medicine you must take: _____

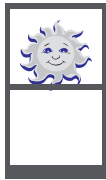
Circle the day (or days) when you must take this medicine:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Check off the part of the day when you must take this medicine:



Morning



Afternoon



Early evening



Before bed

Show the time (or times) when you must take this medicine:



Morning



Afternoon



Early evening



Before bed

Check off what you must know about this medicine:

- Do not drink alcoholic beverages when taking this medicine.
- Shake medicine well and keep in refrigerator.
- May make you drowsy. Do not drive or operate machinery when taking this medicine.
- Other special instructions: _____