

# Medication Record

Month:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<i>Example</i> <b>DRUG NAME</b> (e.g. BUMETANIDE) <b>Formulation</b> (e.g. tablet), <b>Dose</b> (e.g. 1 mg) <i>Dosing regimen</i> (e.g. ONE to be taken TWICE a day)	Morning	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
	Lunch	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
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	Night																															
	Other																															
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