My Medicine Calendar

My Name	My Date of Birth
My Doctor(s)	Doctor's Phone Number
My Pharmacy	Pharmacy Phone Number
My Allergies	Date I Created This Calendar

Medicines I need to take every day							
Name(s) Of Medicine With Dose	×	×		( 	Why I take this Medicine	Notes/ Special Instructions	
	Breakfast	Lunch	Dinner	Bedtime			

Medicines I take as needed					
Name(s) of medicine with dose	How I take the Medicine	Why I take this Medicine	Notes/Special Instructions		
UConn Health Department of Pharmacy April 2013					