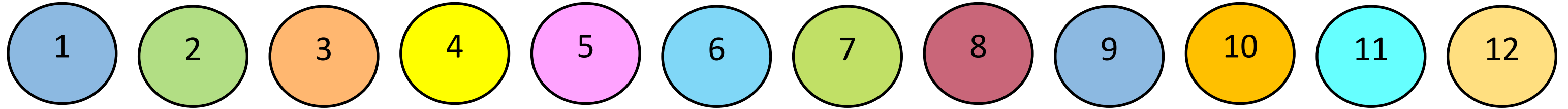


For your good health

Your Medicine Chart to complete

With your doctor, nurse, family or friend, place EVERY prescribed medicine, Supplement (herbal or other) or over-the-counter medicine you take on each colored circle. Next, write in the information for EACH on your chart. Bring your chart each time you see your doctor or nurse.



#	Name of medicine	Why I take this	Dose	How often	Breakfast	Lunch	Dinner	Bedtime	Instructions/Name of Prescriber/Phone
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
Ex	MetroXXpril	Lower my blood pressure	1 10mg tablet	1 a day	YES	no	no	no	Take with food/ Dr. J. Baker: 615-555-5555