One Day at a Time

List all your medicines once. Then check off your doses as you take them each day following your prescribing Healthcare Professionals' instructions.

Example:

Medication	Medicine 1	Medicine 2	
Dose	100 mg, 2x/day	75 mg, 4x/day	
Date 12/2/19	x | | x	x | x | x | x	| | |

Be sure to talk with your prescribing Healthcare Professional if you have trouble taking your medicine or have missed doses.

Medication									
Dose									
Date	| | |	| | |	| | |	| | |	| | |	| | |	| | |	| | |	| | |
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Medication									
Dose									
Date									

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