

# 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:

<b>Medication</b>	Medicine 1	Medicine 2	
<b>Dose</b>	100 mg, 2x/day	75 mg, 4x/day	
<b>Date</b> 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.

<b>Medication</b>									
<b>Dose</b>									
<b>Date</b>									

Medication									
Dose									
Date									

Medication									
Dose									
Date									

Medication									
Dose									
Date									

<b>Medication</b>									
<b>Dose</b>									
<b>Date</b>									