

Patient name _____

Date of Birth _____

Medication Name and Dosage

Instructions

Example: *Norco 10-325*

Every 6-8 hours, 1 tablet

1- _____

2- _____

3- _____

4- _____

5- _____

6- _____

7- _____

8- _____

9- _____

10- _____

11- _____

12- _____

13- _____

14- _____

15- _____

16- _____

Signature _____

Date _____