Beloit Health System

Personal Medication Record

Name		**Health Problems**	
Birth date			
Phone			
Allergies		**Notes**	

Medicine List, dose (show times)	Morning				Nighttime
potassium 20 meq 1 tablet with each meal	0800 (breakfast)	1200 (lunch)	1700 (dinner)		

EXAMPLE

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Personal Medication Record

Non- Prescription Medication; vitamins, supplements, etc., dose (show times)	Morning				Nighttime
tylenol pm 1 tab at bedtime as needed					10:00 pm

EXAMPLE