

Medication Box

SUN	MON	TUES	WED	THUR	FRI	SAT
MORN						
NOON						
EVE						
BED						

Medication Changes

1. _____
2. _____
3. _____

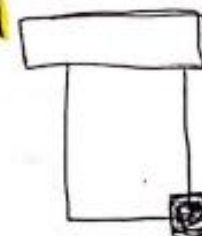
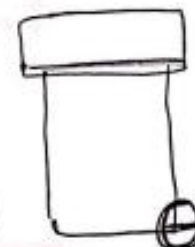
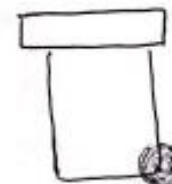
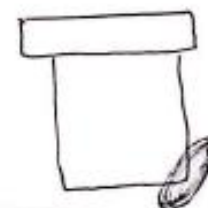


Part of level
Medium
and Hard level




Medication List

Generic Name	Brand Name	Tablet Size	Instructions for use
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medications



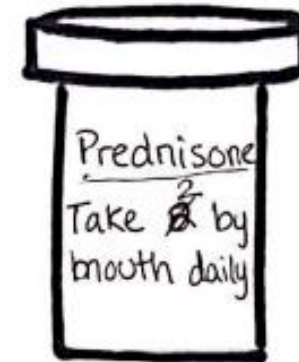
Levels

Easy	
Medium	
Hard	

Easy Level

Medication Box

SUN	MON	TUES	WED	THUR	FRI	SAT
MORN						
NOON						
EVE						
BED						



Medication List

Generic Name	Brand Name	Tablet Size	Instructions for Use
Prednisone	Deltasone	5mg	Take 2 by mouth daily

Tap on Medication Box
to add pills to desired
location.

DONE

Medium/Hard Level

SUN	MON	TUES	WED	THUR	FRI	SAT
MORN						
NOON						
EVE						
BED						

Your lab work came in. Your dosage has been changed.



nt when there is hange in medication

Medication C
1. ~~~~~

Medication	Generic Name	Brand Name	Tablet Size	Instructions for Use
	Prednisone (Discontinued)	Deltasone	5 mg	Take 1 tablet daily
	Prednisone	Deltasone	5 mg	Take 1.5 tablets daily

Use pill cutter to make change to dose if needed.

DONE

* Notice "(Discontinued)" next to old Prescription.

Medium/Hard Level

SUN	MON	TUES	WED	THUR	FRI	SAT
MORN						
NOON						
EVE						
BED						



Medication Change (if any)

1. ~~~~~



Present when there is a change in medication

Medication List

Generic Name	Brand Name	Tablet Size	Instructions for Use
Prednisone (Discontinued)	Deltasone	5 mg	Take 1 tablet daily
Prednisone	Deltasone	5 mg	Take 1.5 tablets daily

Use pill cutter to make change to dose if needed.

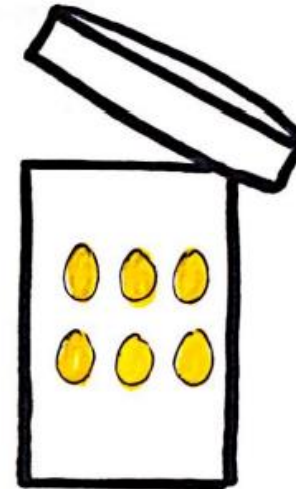
DONE

* Notice "(Discontinued)" next to old Prescription.

Do you have enough medication?

Yes

No



Generic Name	Brand Name / Size	Instructions
Prednisone	Deltasone 5mg	Take 2 tablets daily

Determine if you have enough medication (next 5 doses)

Refill in Progress

