| Medica | tion Bo | Χ | | | | | Medications |
|-------------------------|--------------|-------|--------------------|-------------|--|-------------|---|
| SUN | MON | TUES | WED | THUR | FRI | SAT | |
| Morn | | | | | | | |
| N00N | | | | | | | |
| EVE | | | | | | | |
| BED | | | | | | | |
| 1edication | Changes | | | _ | | 1 | |
| 1. ~~ a. ~~ 3. ~~ | ~~ | ~~ | ~~ | | | I,O | Part of level # Medium and Hard level |
| Medication | | | | | | | |
| Generic No | ane | Brand | Name | Tablet Size | Instruction | ons for use | |
| $\sim\sim$ | | | All and the second | | | | to the second second |
| ~~~ | _ | ~~ | ~ | ~~ | \sim | ~~~ | |
| ~~~ ~~ | - | ~~~ | | ~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | |

Levels Easy Medium Hard

Easy Level

Medication Box

| SUN | MON | TEJES | WED | THUR | FRI | SAT |
|------|-----|-------|-----|------|-----|-----|
| MORN | | | | | | |
| Noon | | | | | | |
| EVE | | | | | | |
| BED | | | | | | |



Medication List

| Generic Name | Brand Name | Tablet Size | Instruc | tions | for Use | |
|--------------|------------|-------------|---------|-------|---------|-------|
| Prednisone | Deltasone | 5mg | Take 2 | by | mouth | daily |

Tap on Medication Box to add pills to desired Location. DONE

| SUN MON | TUES WED THUR FRI SAT |
|--|---|
| MORN | |
| NOON | Prednison |
| EVE | your lab work came ake 1 |
| BED | in. Your dosage has daily |
| Medication (| been changed. nt when there is hange in medication |
| Medication Generic Name Prednisone (Disc | tinud) Deltasone 5 mg Take I tablet daily |
| Prednisone | Deltasone 5 mg Take 1.5 tablets daily |

Notice "(Discontinued)" next to old Prescription.

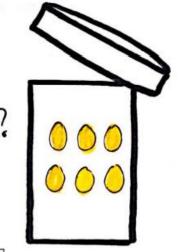
Medium/Hard Level

| SUN | MON | TUES | WED | THUR | FRI | SAT | |
|----------------------|---------|-------------------------------|-------------------|---------|-----------------|-----|--|
| MORN | | | | | | | |
| Noon | | | | | | | Parker |
| EVE | | hig | | 1 2 = 2 | M. A | | Prednisona (5 mg) Take 1 |
| BED | | |] [| | | | table t daily |
| Medication | on Chan | ge (if a | uny) | | | To | Present when there is a change in medication |
| | ion Lis | t | od Usaca | Total | ab Com | |] - |
| Generic N Prednis | | ntinual) De | nd Name Hasone | | et Size 5 mg | | tablet daily |
| Predni | | | Itasone | | 5 mg | | 1.5 tablets daily |
| | dose | Il cutta if need Notice | ded. | make | charge. | to | DONE Prescription. |

Do you have enough medication?

Yes





| Generic Name | Brand Name | /Siree | Instructions |
|--------------|------------|--------|--------------------------|
| Prednisone | De Itasone | 5mg | Take 2 tab lets daily |

Determine if you have enough medication (next 5 doses)

Refill in Progress

