American Heart Association | American Stroke Association®

Medicine Chart

Name: _____

Date: _____

NAME OF MEDICINE	COLOR	WHAT'S IT FOR?	DOSE	HOW OFTEN & WHAT TIME	PRESCRIBING DOCTOR	PHARMACY PHONE NO.	SPECIAL INSTRUCTIONS	REFILL DATE
Aspirin	white	blood thinner	1 pill	once daily at night	Dr. Jones	650-555-1234	Take with food	9/1/12