University Health Care
Hospitals & Clinics

# The Med Card

My Daily Med Plan

**My Medication Record**

| **Name** | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Start Date** | **Medicines**<br>**Be sure to include: Prescriptions, over-the-counter medications herbal medicines, vitamins or supplements** | **Directions** | **Before breakfast (no food)** | **With Breakfast (take with food)** | **Before Lunch (no food)** | **With Lunch (take with food)** | **Midafternoon** | **Before Dinner (no food)** | **With Dinner (take with food)** | **Bedtime** | **Other** |
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- ☐ **Use an extra card if needed to list everything.**
- ☐ **This Med Plan helps you schedule your medication. Your physician, nurse or pharmacist can help you complete this information.**
- ☐ **Keep this card with you at all times. Update it on a regular basis. Always show this card to your doctor, nurse or pharmacist at your visits.**