

Dosing Schedule

	Day____	Day____	Day____	Day____	Day____	Day____	Day____
Date							
Morning							
Noon							
Bedtime							

	Day____	Day____	Day____	Day____	Day____	Day____	Day____
Date							
Morning							
Noon							
Bedtime							

Where do I go for my blood tests?

Facility Address _____

Facility Phone Number _____ Person to contact _____

Transportation Arrangements _____

It is very important that you follow your monitoring schedule and take your medication as your doctor has indicated on the other side of this card. Do not stop taking your medication or change your pharmacy without calling your doctor.

Other important information

Doctor information _____

Pharmacy information _____

My next **Appointment** with my doctor _____

This information sheet belongs to _____