

# My Weekly Rx Tracker

Date range: \_\_\_\_\_ to \_\_\_\_\_

Taking your prescription(s) as prescribed is important for managing your condition(s). For each medication, fill in the scheduled time(s), then add a ✓ after you've taken each dose. Be sure to print additional sheets to help you stay on track.

## Fill your weekly pillbox

	Medication	Dose	Time	Time	Time	Time	How do you feel on this Rx? Awful · Bad · Neutral · Good · Great	Side effects/notes
Sunday	Example: Metformin 500 mg	1 tab	8 am ✓			8 pm ✓	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Upset stomach
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Please share this vital information with your healthcare team to review your progress.

