

# Your Medicine Schedule

<b>Schedule</b>				
<i>Type of Medicine</i>	<i>Medicine Name</i>	<i>What Days Taken</i>	<i>When Taken</i>	<i>How Much Is Taken</i>
<b>Example:</b>	<i>Pulmicort</i>	<i>Every day</i>	<i>2x per day</i>	<i>2 puffs</i>
<b>Asthma medicine: long-term control</b>				
<b>Asthma medicine: quick relief</b>				
<b>Other prescription medicine(s)</b>				
<b>Aspirin and other pain reliever(s)</b>				
<b>Vitamin(s)</b>				
<b>Nasal spray</b>				
<b>Antacid</b>				
<b>Other medicines or treatments</b>				