## My Medication Schedule

| WEEK of: Phat I take |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | When and how <br> (with food, avoid grapefruit, <br> or other special instructions) | Sun | Mon | Tues | Weds | Thur | Fri | Sat |
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