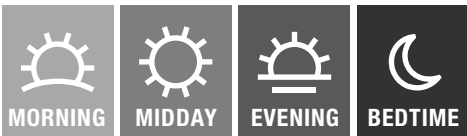


Prescription Schedule (Sample)

Patient Name

DOB: MM/DD/YYYY

Printed On: MM/DD/YYYY 00:00AM



Always read your prescriber's 'DIRECTIONS FOR USE' regarding how to take your medication.*

DIRECTIONS FOR USE

METFORMIN HCL 500 MG TABLET

TAKE 1 TABLET ORALLY
2 TIMES A DAY

MORNING

1
TABLET

MIDDAY

EVENING

1
TABLET

BEDTIME

REFILL INFORMATION

RX 105004

REFILLS : 2 by MM/DD/YYYY

STORE : 123 MAIN STREET
TEL : 555-555-5555
PRSCBR : J. DOE

NOTES

MEDICATION TWO

TAKE 1 TABLET BY MOUTH
EVERY DAY

MORNING

1
TABLET

RX 0261541

REFILLS : 00 by MM/DD/YYYY

STORE : 123 MAIN STREET
TEL : 555-555-5555
PRSCBR : J. DOE

MEDICATION THREE

TAKE 1 TABLET BY MOUTH
ONCE DAILY

MORNING

1
TABLET

RX 0259003

REFILLS : 00 by MM/DD/YYYY

STORE : 123 MAIN STREET
TEL : 555-555-5555
PRSCBR : J. DOE

MEDICATION FOUR

INHALE 1 PUFF TWICE DAILY

MORNING

1
PUFF

BEDTIME

1
PUFF

RX 0261538

REFILLS : 00 by MM/DD/YYYY

STORE : 123 MAIN STREET
TEL : 555-555-5555
PRSCBR : J. DOE

MEDICATION FIVE

TAKE 1 TABLET BY MOUTH
EVERY DAY

BEDTIME

1
TABLET

RX 0259010

REFILLS : 00 by MM/DD/YYYY

STORE : 123 MAIN STREET
TEL : 555-555-5555
PRSCBR : J. DOE

MEDICATION SIX

TAKE 1 CAPSULE
ONCE A WEEK

◀ FOLLOW THESE DIRECTIONS OF USE

RX 0258977

REFILLS : 00 by MM/DD/YYYY

STORE : 123 MAIN STREET
TEL : 555-555-5555
PRSCBR : J. DOE

AS NEEDED

MEDICATION SEVEN

INHALE 2 PUFFS EVERY 4 TO 6 HOURS
AS NEEDED FOR SHORTNESS OF
BREATH

◀ FOLLOW THESE DIRECTIONS OF USE

RX 0258977

REFILLS : 00 by MM/DD/YYYY

STORE : 123 MAIN STREET
TEL : 555-555-5555
PRSCBR : J. DOE

Go to [CVS.com/pharmacy](https://www.cvs.com/pharmacy) to learn more about side effects and prescription information or speak with your CVS Pharmacy® team.

IMPORTANT NOTICES: (1) **Protect Your Privacy.** This report contains confidential personal health information. It is intended only for the patient whose name appears on the report or for that person's authorized representative. CVS Pharmacy recommends that you shred or otherwise destroy this report when no longer needed. This will prevent unauthorized individuals reviewing this confidential information. (2) **Keep Your Report Up to Date.** Your schedule is current as of the date and time printed on the report. It contains your pharmacy's recommendations on the best time to take these medications, taking into account other relevant medications you have recently received from CVS Pharmacy. It does not take into account medications you are receiving from other pharmacies. These recommendations may change if you add or stop taking medications after [Date and Time Stamp]. Labels on previously dispensed vials may not reflect the latest recommendations. Tell your pharmacist if your schedule is missing a drug or includes a drug you are no longer taking. Request a new schedule whenever you change your medication regimen. If you have questions about your medications or whether they can be taken at another time, please consult your pharmacist.
*In some cases, medicines within a time slot cannot be taken together at the same time or must be taken under particular conditions specified by your prescriber. Always follow your prescriber's directions for each medication.