Get Me Savings

SAVE MORE. LIVE BETTER.

MEDICATION Tracker

STAY ON TRACK. STAY HEALTHY.

NAME: _____

WEEK OF: ____ / ____ / ____

DOCTOR: _____

MEDICATION (Name & Strength)	DOSAGE (How Much)	TIME (When)	TAKE YOUR MEDICATION							NOTES
			MON	TUE	WED	THU	FRI	SAT	SUN	
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REMINDERS

- ☐ Refill prescriptions on time
- ☐ Take medication as directed
- ☐ Do not skip doses
- ☐ Store medications safely
- ☐ _____

PHARMACY INFO

PHARMACY: _____

PHONE: _____

ADDRESS: _____

_____

_____

NOTES

_____

SAVE MORE. *Live Better.*

Healthy habits save lives. You've got this!

More health & wellness tips and money-saving ideas at GETMESAVINGS.COM