MY MEDICATION PLAN

In the next	(one week; 2 weeks; m	nonth) I will:	
Start date for my plan: Things that could get in th I.		Ways I will pr I.	repare for these problems:
1.		1.	
2.		2.	
3.		3.	
My pharmacist	(name) W	rill:	
	r about:		
Plan to FOLLOW UP with	n my pharmacist:		
(pharmacist name) discuss today's plan.	will check in with r	me on(date)	_ via (phone call, visit) to