Medication Schedule for Surgical Recovery

MEDICATION	DOSAGE	TIME	PURPOSE	NOTES
[Name]	[Dosage]	[Morning / Afternoon / Evening]	[Pain / Antibiotic / Etc.]	[Instructions]
[Name]	[Dosage]	[Morning / Afternoon / Evening]	[Pain / Antibiotic / Etc.]	[Instructions]
[Name]	[Dosage]	[Morning / Afternoon / Evening]	[Pain / Antibiotic / Etc.]	[Instructions]

Special Instructions:

[Enter detailed instructions, e.g. Take medications with food, report any side effects, do not skip doses, etc.]