Check your medications at least once a week for safety and security.

Medication Counting Sheet

Name of Medication (Prescription and Over-the-Counter)			**Quantity** (Count your medications once a week)										
Example: Ibuprofen			Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Dosage: 800mg	Instructions: 2 per Day (90 Days)	Starting Qty: 180	166	152	138	124	110	96	82	68	54	40	26	12
Dosage:	Instructions:	Starting Qty:												
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