**SAMPLE MEDICATION CHART**

**This medication chart is just an example. Actual medications used for JM patients can vary significantly.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MEDICATIONS** | **MON** [DATE] | **TUES** [DATE] | **WED** [DATE] | **THURS** [DATE] | **FRI** [DATE] | **SAT** [DATE] | **SUN** [DATE] |
| **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
| Orapred(0.5ml/2x day) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CellCept(2x day) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Previcid(1x day at night) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Plaquenil(1/2 tab, 1x day at night) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Viactiv(2x day) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mirilax(1x per day as needed) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Methotrexate(Once per **WEEK**) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

This example chart is provided by Cure JM Foundation. For more helpful tips & tricks visit [www.curejm.org/fsn](http://www.curejm.org/fsn) Contact Cure JM at info@curejm.org or (760)487-1079.