|  |  |  |
| --- | --- | --- |
| **Medikationsplan**  **Seite \_\_ von \_\_** | für Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , geb. am:\_\_\_\_\_\_\_\_\_\_\_\_\_  aktualisiert von :  (Apothekenstempel)  aktualisiert am: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Wirkstoff** | **Handelsname** | **Stärke** | **Form** | morgens | mittags | abends | zur Nacht | **Einheit** | **Hinweise** | **Grund** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**zu besonderen Zeiten anzuwendende Medikamente**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

**Selbstmedikation**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |