

Medications Calendar

Following your medication plan is essential to your health.

Now that you've received the CYPHER® Stent, following your doctor's instructions for taking your anti-clotting medicine is the most important thing you can do.

A few tips:

- Take your medicine exactly as prescribed.
- Be sure not to miss any doses.
- Call your doctor if you develop any adverse effects, such as bleeding, upset stomach, or rash.
Or, call if you develop new questions.
- Alert your doctor if any surgery or dental work would require you to stop or change your medication routine.

Use this calendar to help you keep track of your routine, and join the millions of people who have recovered from heart disease and reclaimed their active lives.



Place an “X” on each day you take your anti-clotting medications.
Keep this record and bring it to your doctor appointments.

Your Name: _____ mg of _____ must be taken _____ per day until _____

Date of Stent Procedure: _____ mg of _____ must be taken _____ per day until _____

Doctor Name: _____

Doctor Telephone: _____

January							February							March							April						
1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14	8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21	15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28	22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30	31	29*	* Denotes extra day for leap year						29	30	31	29	30													

May							June							July							August						
1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14	8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21	15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28	22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30	31	29	30	29	30	31	29	30	31																	

September							October							November							December						
1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14	8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21	15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28	22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30	29	30	31	29	30																					



Coronary Stents and Anti-clotting Medications Card

Patient name _____

____ mg of _____ must be taken ____ per day until _____
(Name of Prescribed Medication) (Date)

____ mg of Aspirin must be taken ____ per day until _____
(Date)

Date of Stent Implantation _____

Physician Name _____

Physician Telephone Number _____

Carry this card with you in your wallet. Bring it all of your doctor appointments.

Cut out the card and keep inside your wallet.