

|                                      |                                      |                  |                         |                                  |
|--------------------------------------|--------------------------------------|------------------|-------------------------|----------------------------------|
| <b>B</b>                             | <b>I</b>                             | <b>N</b>         | <b>G</b>                | <b>O</b>                         |
| Use Pillboxes                        | Ask Your Pharmacist                  | Allergies        | Doctor Appointments     | Store in Original Containers     |
| Make a Routine                       | Color code your pill                 | TremorsDizziness | Schedule/Alarms         | Dizziness                        |
| Side Effects                         | Tell Dr. About Non-Prescription Meds | <b>FREE</b>      | Carry A Medication List | Put Your Glasses On              |
| Know names of medications            | Know your doses                      | Support groups   | Make a Pill Card        | Shortness of Breath              |
| Take medications at the correct time | Know Your Dr.'s Name                 | Family support   | Medication              | Eating before taking medications |

|                                  |                                            |                                               |                                 |                                            |
|----------------------------------|--------------------------------------------|-----------------------------------------------|---------------------------------|--------------------------------------------|
| <b>B</b>                         | <b>I</b>                                   | <b>N</b>                                      | <b>G</b>                        | <b>O</b>                                   |
| Carry A<br>Medication<br>List    | Check<br>Expiration<br>Dates               | Put Your<br>Glasses<br>On                     | Make a<br>Routine               | Make a<br>Pill Card                        |
| Be honest<br>with your<br>doctor | Tell Dr. About<br>Non-Prescription<br>Meds | Store in<br>Original<br>Containers            | Know<br>names of<br>medications | Know<br>your<br>doses                      |
| TremorsDizziness                 | Ask Your<br>Pharmacist                     | <b>FREE</b>                                   | Use<br>Pillboxes                | Medication                                 |
| Make A<br>List                   | Dizziness                                  | Eating<br>before<br>taking<br>medications     | Shortness<br>of Breath          | What are<br>the<br>medications<br>used for |
| Side<br>Effects                  | Schedule/Alarms                            | Take<br>medications<br>at the<br>correct time | Color<br>code<br>your pill      | Allergies                                  |

|                     |                                      |                     |                            |                              |
|---------------------|--------------------------------------|---------------------|----------------------------|------------------------------|
| <b>B</b>            | <b>I</b>                             | <b>N</b>            | <b>G</b>                   | <b>O</b>                     |
| Make a Pill Card    | Color code your pill                 | Put Your Glasses On | Turn On The Lights         | Carry A Medication List      |
| containers          | What are the medications used for    | Dizziness           | Be honest with your doctor | Store in Original Containers |
| Schedule/Alarms     | Doctor Appointments                  | <b>FREE</b>         | Ask Your Pharmacist        | Use Pillboxes                |
| Make a Routine      | Side Effects                         | Know your doses     | Know names of medications  | Family support               |
| Shortness of Breath | Take medications at the correct time | Make A List         | Allergies                  | Check Expiration Dates       |