



(12) **United States Design Patent**  
**Brodie**

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(54) **MEDICATION RECORD**

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(\*\*) Term: **14 Years**

(21) Appl. No.: **29/278,337**

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(51) **LOC (8) Cl.** ..... **19-03**

(52) **U.S. Cl.** ..... **D19/21; D19/1; D19/20**

(58) **Field of Classification Search** ..... D19/1-12,  
D19/20-34.5; 434/339; 206/449; 40/122,  
40/124.01-124.15, 404, 672, 726, 776; 229/72,  
229/92, 92.1, 300-303; 281/2-5, 16, 22,  
281/45, 51; D9/774, 776, 777, 500; 382/132,  
382/287; 705/3; 707/104; 715/853, 503;  
D20/18-22; 283/2, 3, 66.1, 79, 115, 900;  
462/6, 8, 12, 52, 56

See application file for complete search history.

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(57) **CLAIM**

The ornamental design for a medication record, as shown and described.

**DESCRIPTION**

FIG. 1 is a front elevational view of a medication record showing my new design, in closed condition;

FIG. 2 is a back elevational view thereof, in closed condition;

FIG. 3 is a top plan view thereof, in closed condition;

FIG. 4 is a side elevational view thereof, in closed condition;

FIG. 5 is a front elevational view thereof, in open condition;

FIG. 6 is a left lateral view thereof, in an open condition;

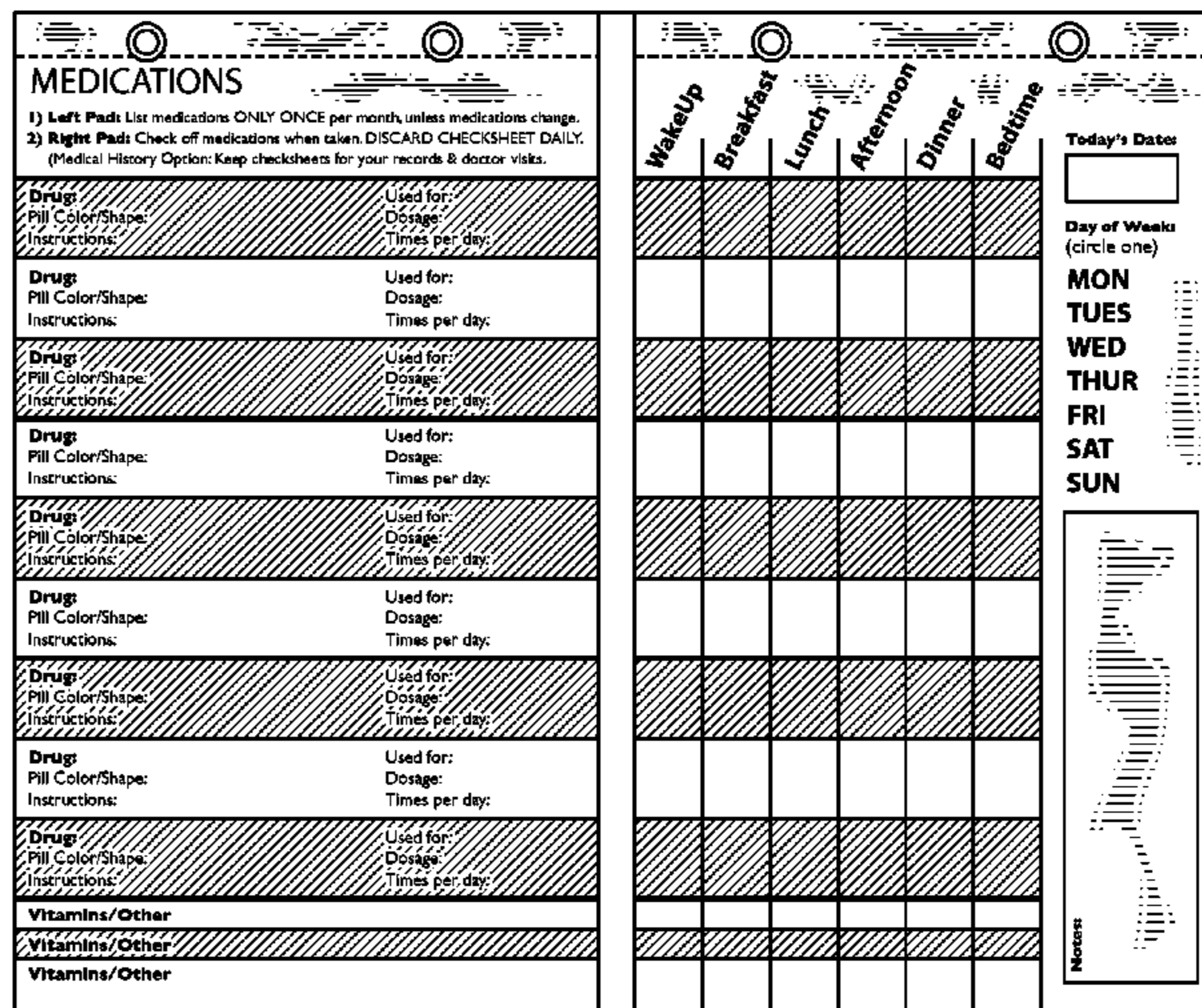
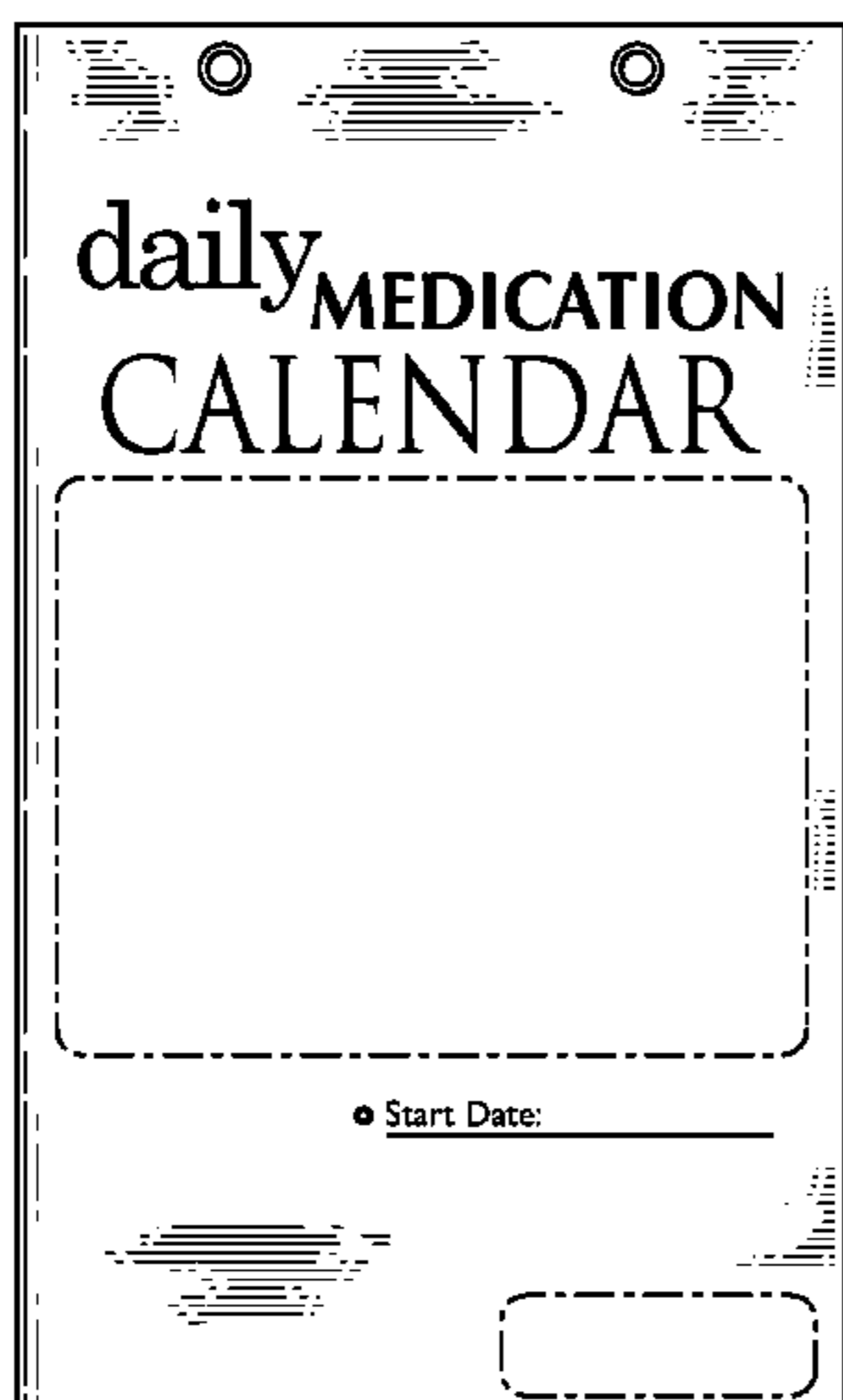
FIG. 7 is a right lateral view thereof, in an open condition; and,

FIG. 8 is a top plan view thereof, in an open condition.

All sides not shown in the drawing disclosure forms no part of the claimed design.

The broken line showing of open fields without indicia are included for the purpose of illustrating portions of the article and forms no part of the claimed design.

**1 Claim, 6 Drawing Sheets**



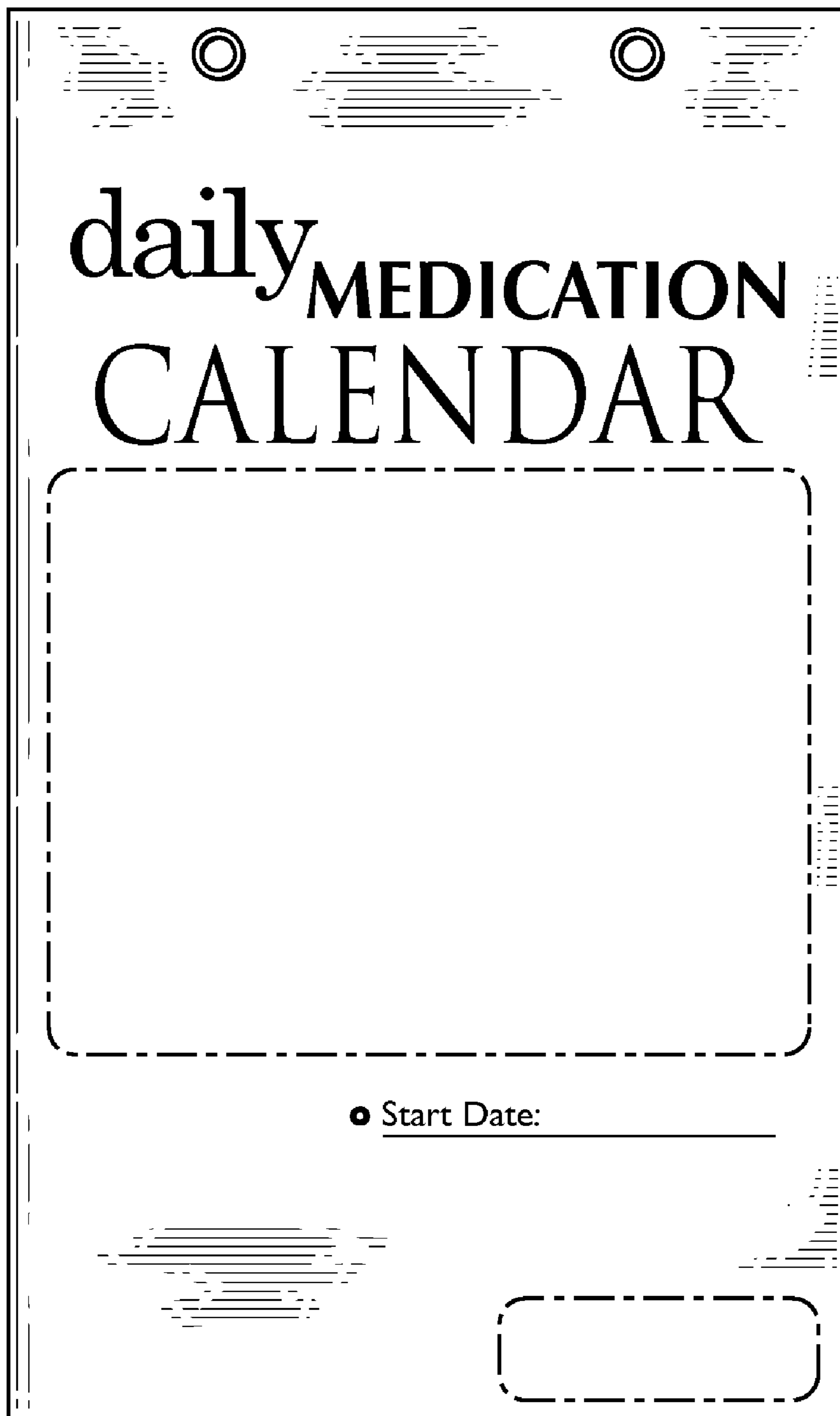


FIG. 1

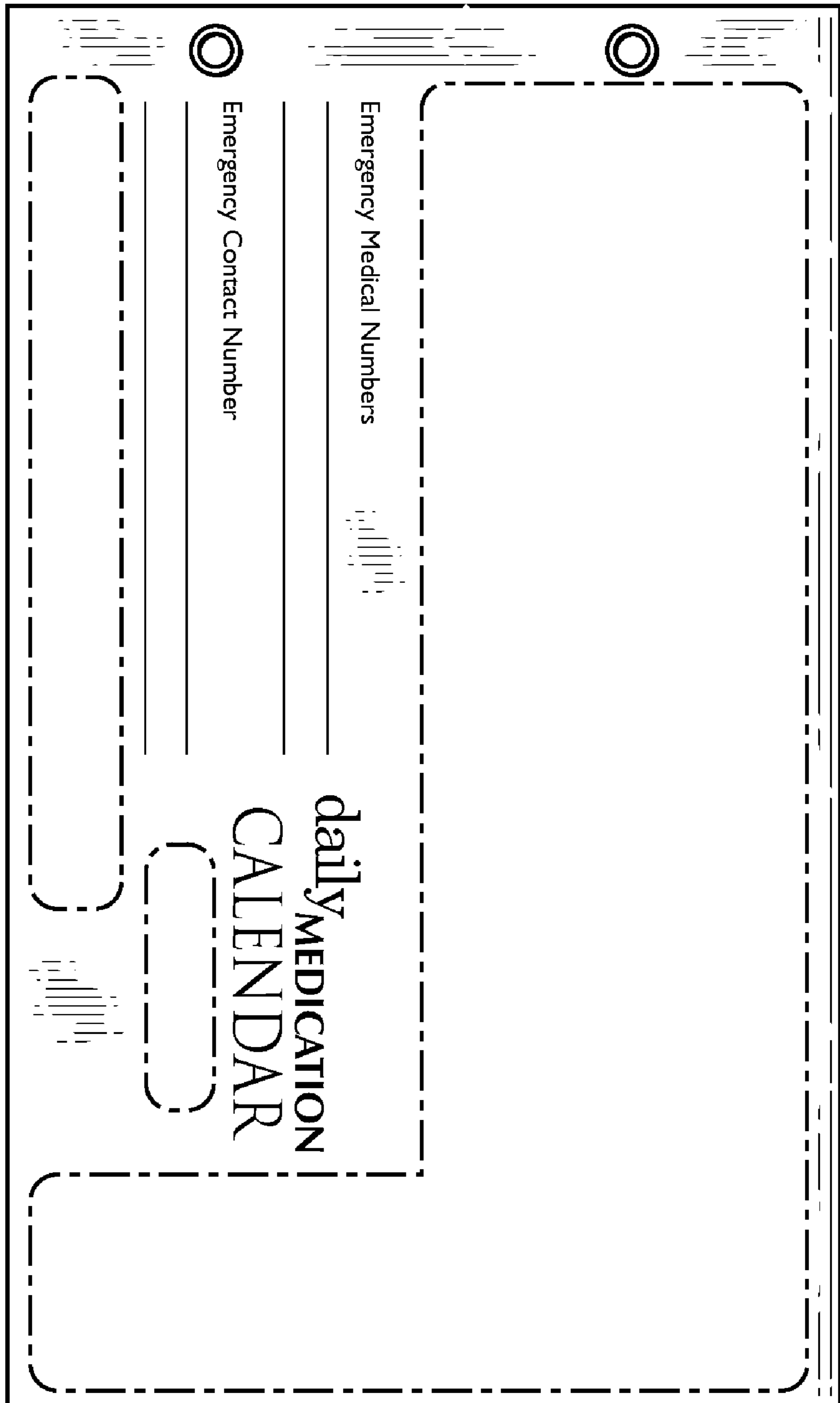


FIG. 2

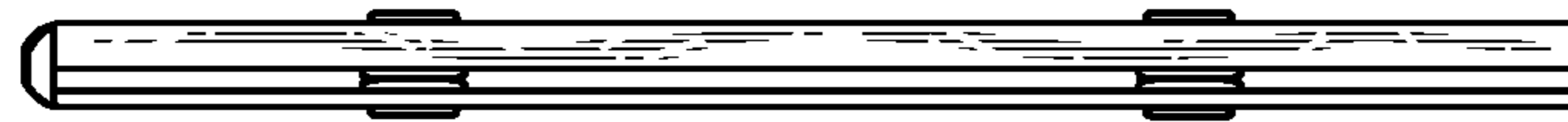


FIG. 3

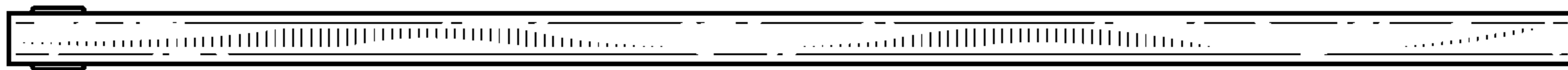


FIG. 4

**MEDICATIONS**

1) **Left Pad:** List medications ONLY ONCE per month, unless medications change.  
 2) **Right Pad:** Check off medications when taken. DISCARD CHECKSHEET DAILY.  
 (Medical History Option: Keep checksheets for your records & doctor visits.)

Drug: Pill Color/Shape: Instructions:	Used for: Dosage: Times per day:
Drug: Pill Color/Shape: Instructions:	Used for: Dosage: Times per day:
Drug: Pill Color/Shape: Instructions:	Used for: Dosage: Times per day:
Drug: Pill Color/Shape: Instructions:	Used for: Dosage: Times per day:
Drug: Pill Color/Shape: Instructions:	Used for: Dosage: Times per day:
Drug: Pill Color/Shape: Instructions:	Used for: Dosage: Times per day:
Drug: Pill Color/Shape: Instructions:	Used for: Dosage: Times per day:
Drug: Pill Color/Shape: Instructions:	Used for: Dosage: Times per day:
Vitamins/Other	
Vitamins/Other	
Vitamins/Other	

Today's Date:

Day of Weeks (circle one)

**MON**  
**TUES**  
**WED**  
**THUR**  
**FRI**  
**SAT**  
**SUN**

Notes:

Wakeup							
Breakfast							
Lunch							
Afternoon							
Dinner							
Bedtime							

FIG. 5



FIG. 6



FIG. 7



FIG. 8