

## **Record keeping package to track goals and help medical progress**

### **Field of the invention**

This invention generally relates to a record keeping package to track goals and help medical progress

### **Problem - Background of the invention**

Often times a physician or other health care provider will direct a patient to keep track of certain information while taking a medication. This information could include weight loss/gain, calorie count per meal, food diary/journal, blood pressure, blood sugar levels or other information. A patient typically will keep track of this information on a separate piece of paper or in a diary, which could potentially be lost, thrown away or misplaced. Quite often the patient forgets to record the information or is non-compliant all together. This information can be very important to the health care provider, which may use the information to accurately diagnose or treat an illness. Typically medicine bottles and containers do not provide space for the patient to accurately record this information, thus making it harder and less convenient for the patient.

### **Solution - Description of the invention**

My solution (invention) to help combat this issue is an on-label record keeping system, which is on the medicine bottle, to track goals and help the patients medical progress. This practical patient compliance aid is an easy to use, rotating, sliding, label system, which provides the manufacturer a fast and convenient on-medicine bottle label to give their patients a way to keep track of their medical information and progress without using a separate product or diary. Everything is contained right on the medicine bottle. The patient simply marks the label on the bottle each time as directed by their health care provider. Not only is this label a way to help patients adhere to their health care providers instructions it is also a convenient way to document their information. The dual ply label construction allows the top label to rotate and slide about the container, over a base label. By sliding the label up or down it reveals the record keeping areas printed on the base label, where the patient can simply mark, with a writing instrument, when they have successfully completed their recording. It helps the patient manage his or her own medical progress. This system still provides the manufacturer with plenty of room on the top label for regulatory and mandatory information that must be printed on the container.

## **Summary**

Patient record keeping is a growing problem. Accurately tracking medical information is very important for health care providers to diagnose or treat certain conditions. My solution of a rotating, sliding on-medicine bottle record keeping label provides the patient an easy, convenient way to comply with the health care providers instructions. Since the label is directly applied to the medicine bottle the medication is packaged in, the patient does not require using separate record keeping products or a diary.

## **Drawings**

1 – Example of label with record keeping information. Label slides up or down to reveal record keeping area.

2 – Example of label with different record keeping information. Label slides up or down to reveal record keeping area.

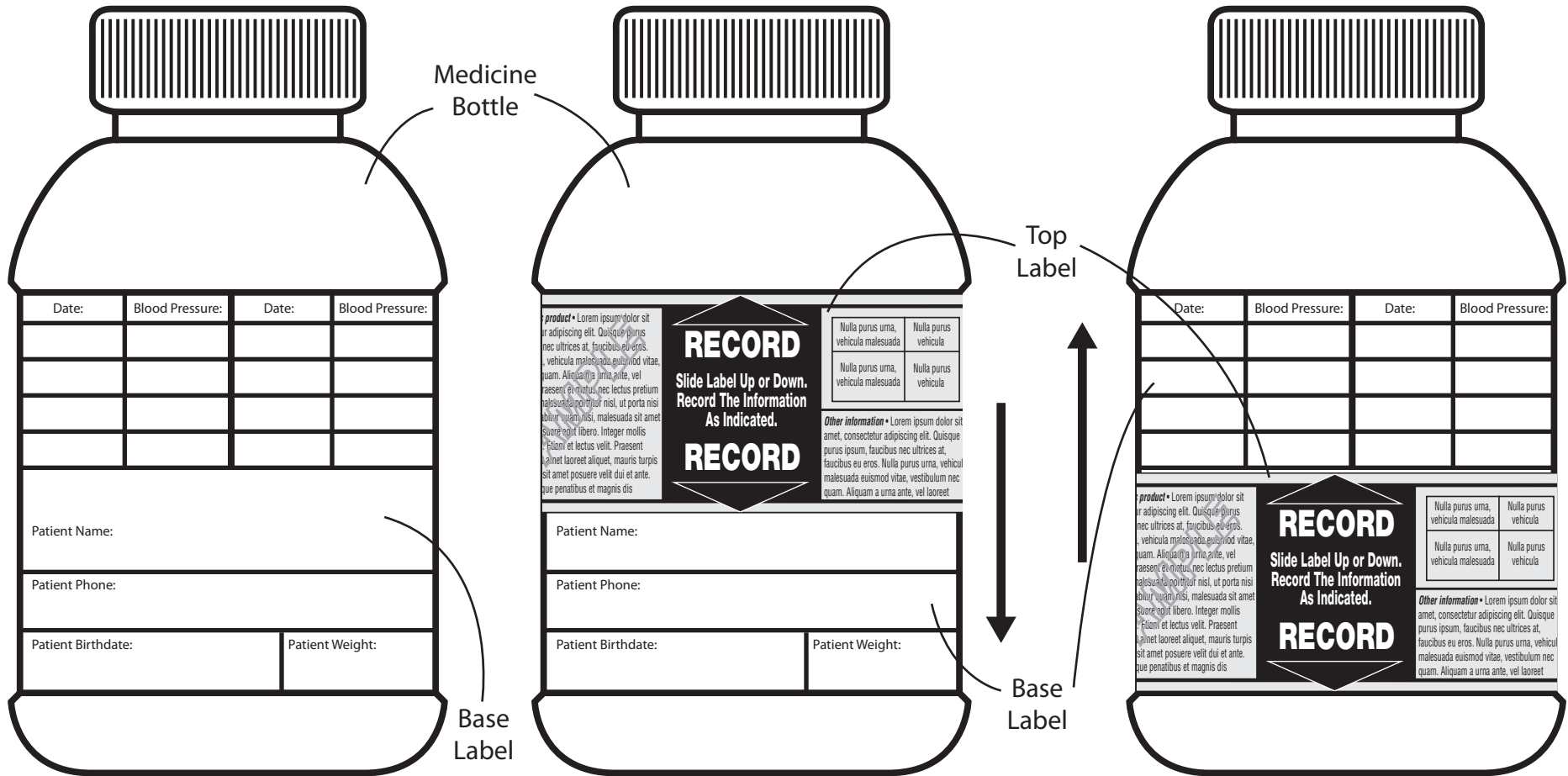
3 – Example of label being filled in by patient. Patient uses writing instrument to mark information directly on base label.

4 – Example of record keeping labels – flat view. Showing entire label.

5 – Example of record keeping label rotating about container.

# Rotating / Slide Label

Example of possible use for base label area above and below slide area of top label.



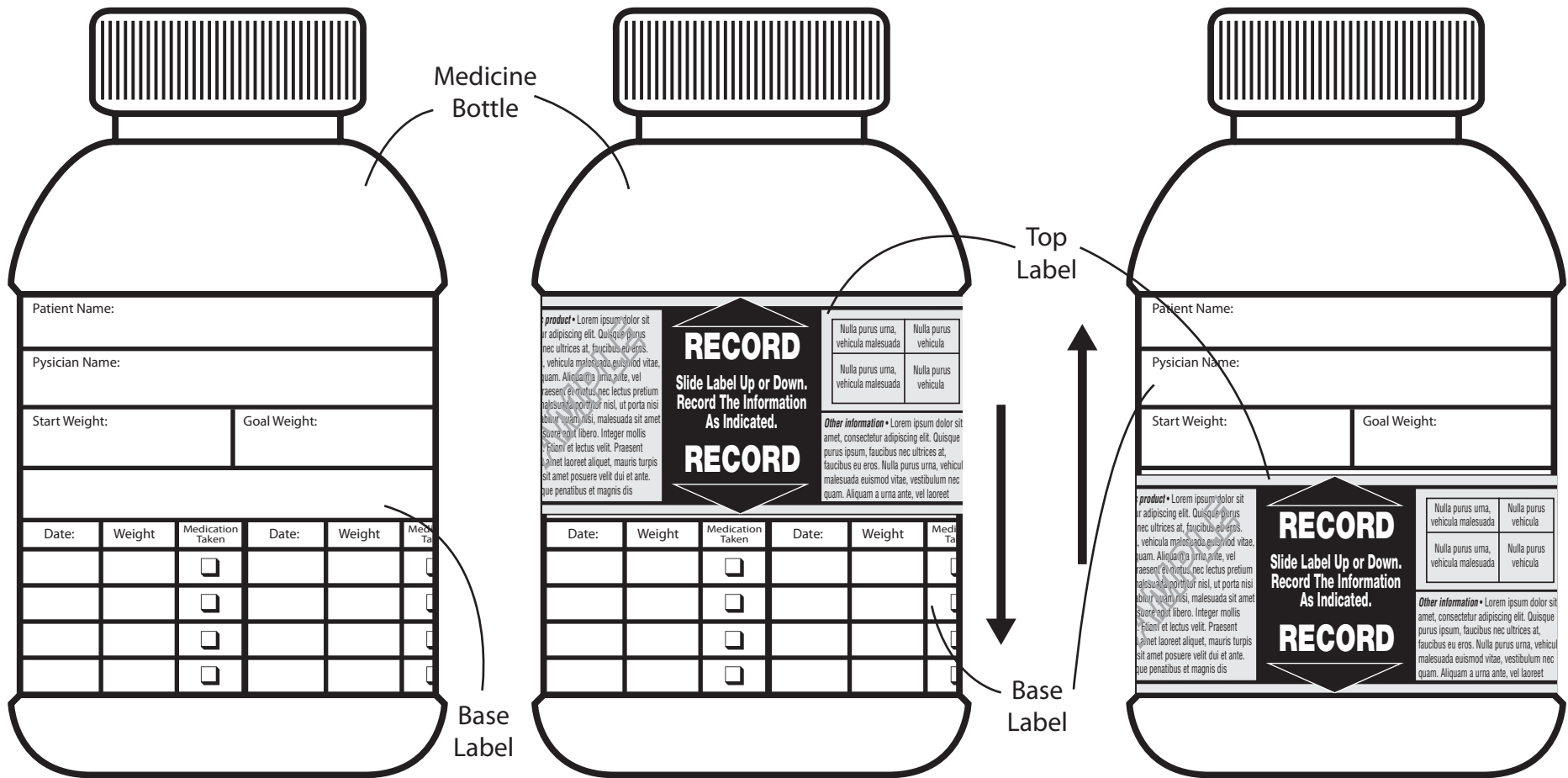
Base Label Only  
Applied to Container

Top Label  
Slid Down

Top Label  
Slid Up

# Rotating / Slide Label

Example of possible use for base label area above and below slide area of top label.



Base Label Only  
Applied to Container

Top Label  
Slid Up

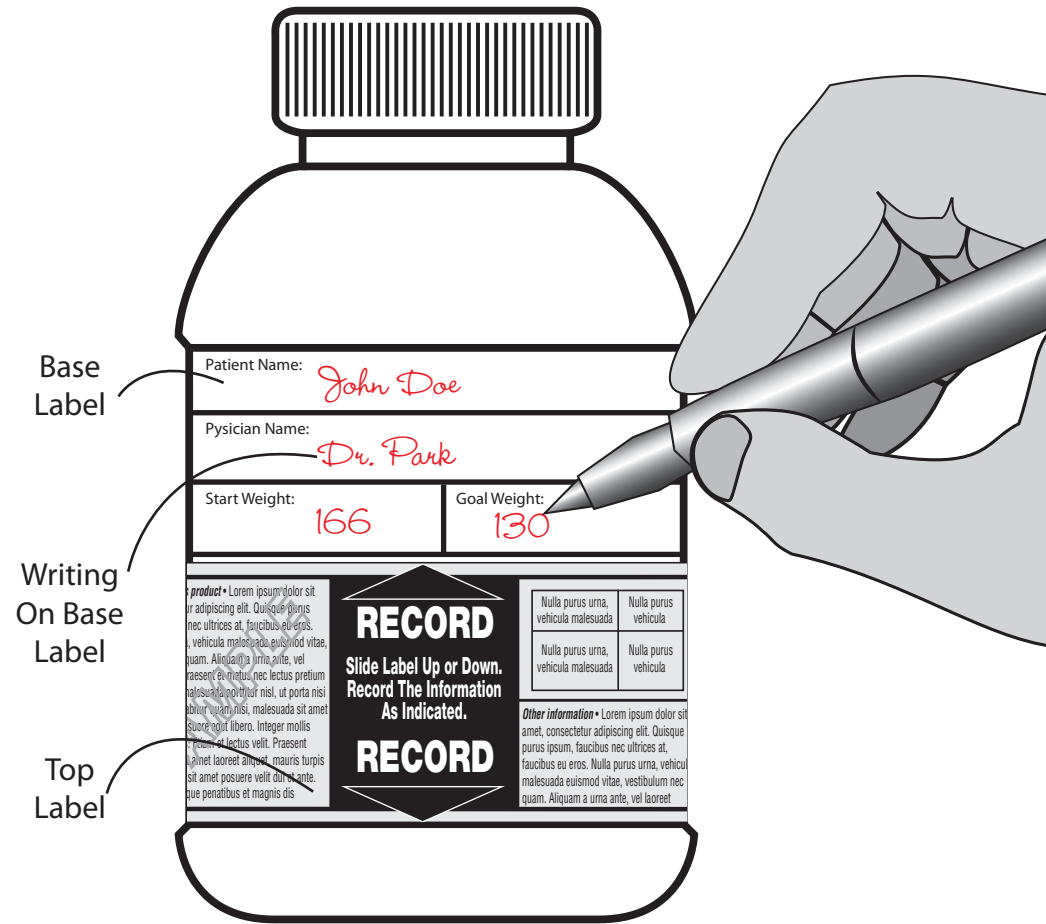
Top Label  
Slid Down

# Rotating / Slide Label

Example label filled in



Top Label  
Slid Up



Top Label  
Slid Down

# Rotating / Slide Label

## Flat Labels

**Active Ingredients**  
ipsum, faucibus nec ultrices at, faucibus eu  
Nulla purus urna, vehicula malesuada euism  
vestibulum nec quam. Aliquam a urna ante.

**Uses** • Lorem ipsum dolor sit amet, consectetur adipiscing  
elit. Quisque purus ipsum, faucibus nec ultrices at, faucibus  
eu eros. Nulla purus urna, vehicula malesuada euismod vitae,  
vestibulum nec quam. Aliquam a urna ante, vel laoreet  
metus. Praesent et metus nec lectus pretium fringilla. Fusce  
malesuada porttitor nisi, ut porta nisi vehicula ac. Curabitur  
quam nisi, malesuada sit amet ultrices quis, posuere eget  
libero. Integer mollis semper faucibus. Etiam et lectus velit.  
Praesent pretium, nunc sit amet laoreet aliquet, mauris turpis  
consectetur elit, sit amet posuere velit dui et ante. Cum sociis

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**When using this product** • Lorem ipsum dolor sit  
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Cum sociis natoque penatibus et magnis dis

**RECORD**

Slide Label Up or Down.  
Record The Information  
As Indicated.

**RECORD**

|   |                         |
|---|-------------------------|
| Nulla purus urna,<br>vehicula malesuada | Nulla purus<br>vehicula |
| Nulla purus urna,<br>vehicula malesuada | Nulla purus<br>vehicula |

**Other information** • Lorem ipsum dolor sit  
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faucibus eu eros. Nulla purus urna, vehicula  
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quam. Aliquam a urna ante, vel laoreet

Top Label

Base Label  
Example 1

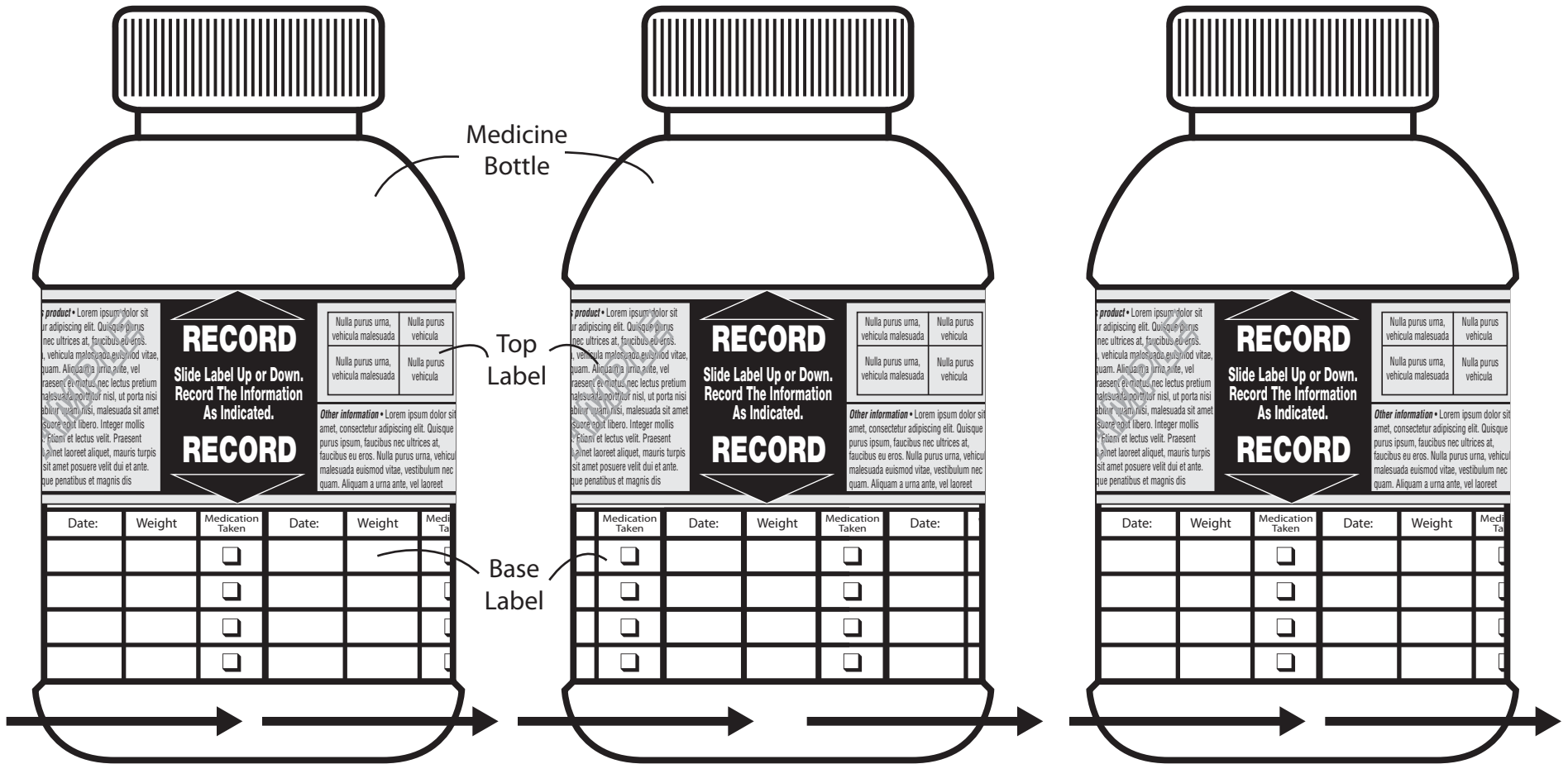
| Patient Name:   |        |                          |       | Patient Address: |                          |                    |        |                          |       |        |                          |       |        |                  |       |        |                  |       |        |                  |       |        |                  |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |
|---|--------|--------------------------|-------|------------------|--------------------------|--------------------|--------|--------------------------|-------|--------|--------------------------|-------|--------|------------------|-------|--------|------------------|-------|--------|------------------|-------|--------|------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|
| Physician Name:   |        |                          |       | Patient Phone:   |                          |                    |        |                          |       |        |                          |       |        |                  |       |        |                  |       |        |                  |       |        |                  |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |
| Start Weight:   |        | Goal Weight:             |       | Start Date:      |                          | Date Goal Reached: |        |                          |       |        |                          |       |        |                  |       |        |                  |       |        |                  |       |        |                  |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Date:</th><th>Weight</th><th>Medication Taken</th><th>Date:</th><th>Weight</th><th>Medication Taken</th><th>Date:</th><th>Weight</th><th>Medication Taken</th><th>Date:</th><th>Weight</th><th>Medication Taken</th> </tr> </thead> <tbody> <tr> <td></td><td></td><td><input type="checkbox"/></td><td></td><td></td><td><input type="checkbox"/></td><td></td><td></td><td><input type="checkbox"/></td><td></td><td></td><td><input type="checkbox"/></td> </tr> <tr> <td></td><td></td><td><input type="checkbox"/></td><td></td><td></td><td><input type="checkbox"/></td><td></td><td></td><td><input type="checkbox"/></td><td></td><td></td><td><input type="checkbox"/></td> </tr> <tr> <td></td><td></td><td><input type="checkbox"/></td><td></td><td></td><td><input type="checkbox"/></td><td></td><td></td><td><input type="checkbox"/></td><td></td><td></td><td><input type="checkbox"/></td> </tr> <tr> <td></td><td></td><td><input type="checkbox"/></td><td></td><td></td><td><input type="checkbox"/></td><td></td><td></td><td><input type="checkbox"/></td><td></td><td></td><td><input type="checkbox"/></td> </tr> </tbody> </table> |        |                          |       |                  |                          |                    |        |                          |       |        |                          | Date: | Weight | Medication Taken | Date: | Weight | Medication Taken | Date: | Weight | Medication Taken | Date: | Weight | Medication Taken |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |
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Base Label  
Example 2

|                    |                 |                 |                 |                  |                 |       |                 |
|--------------------|-----------------|-----------------|-----------------|------------------|-----------------|-------|-----------------|
| Date:              | Blood Pressure: | Date:           | Blood Pressure: | Date:            | Blood Pressure: | Date: | Blood Pressure: |
|                    |                 |                 |                 |                  |                 |       |                 |
|                    |                 |                 |                 |                  |                 |       |                 |
|                    |                 |                 |                 |                  |                 |       |                 |
|                    |                 |                 |                 |                  |                 |       |                 |
| Patient Name:      |                 |                 |                 | Patient Address: |                 |       |                 |
| Patient Phone:     |                 |                 |                 | Physician Name:  |                 |       |                 |
| Patient Birthdate: |                 | Patient Weight: |                 | Patient Height:  |                 |       |                 |

# Rotating / Slide Label

Top label rotates about container.



Top Label Rotates Around Container