e-pill® TimeCap Green

Instruction Manual & Medication Journal

TimeCap Green
For Medical Cannabis

LAST OPENED

PM 4:20

Su M Tu W Th F Sa
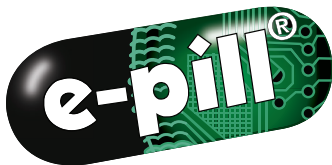
www.epill.com

SKU: 941550

e-pill TimeCap Green Setup Guide

e-pill TimeCap Green automatically displays the exact time and day of week the bottle was last opened. Additionally, you can set up to 24 on-the-hour alarms. All alarms will repeat daily.

Battery (LR44): The battery lasts roughly 1 year and is replaceable. LR44 batteries can be found in any pharmacy or grocery store. To replace, unscrew the electronic portion of the cap from the threaded portion via the 3 smalls screws underneath the cap. Place these screws in a small bowl so you do not lose them during battery replacement. Replace the battery, then tighten the 3 screws when finished.
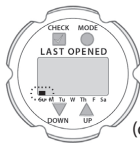
SET TIME & DAY OF WEEK

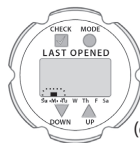In order to use the features LAST OPENED indicator and setting alarms, you need to set the time and the day of week.

(a) (b) (c) (d) (e)

1. **Remove the cap from the bottle.**
2. Press the MODE button once and the display will start to blink (a).
3. Use the DOWN or UP buttons to
4. change the time. Press and hold either button to move faster (b). When desired time is reached, press the MODE button once and the weekday indicator will start to blink (c).

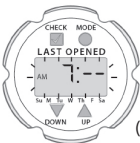5. Use the DOWN or UP buttons to change the day of the week (d).
6. When desired weekday is reached, either press the MODE button once or wait 5 seconds to return to the time display (e).

SET ALARMS

(a) (b) (c) (d)

1. **Remove the cap from the bottle.**
2. Press and hold the DOWN and UP buttons at the same time until the display blinks12 PM (a).
3. Use the DOWN or UP buttons to reach the hour you wish an alarm to sound (b).
4. To set the alarm, press the CHECK button and an alarm symbol will appear in the upper left corner (c).

5. Repeat steps 3 & 4 to set more alarms.
6. To remove an alarm, go to the selected alarm hour and press the CHECK button, and the alarm symbol will disapear.
7. Press and hold the DOWN and UP buttons at the same time, or wait 5 seconds, to store the settings and return to the time display (d).

The display on your e-pill TimeCap Green will always record the time that the cap was last opened to remind you of when you last took your medication, even if no alarms are set.

(a)

(b)

(c)

1. **If alarms have been set** your e-pill TimeCap will beep and the display will blink at each alarm time (a). Remove the cap and take your medication.
2. **DO NOT FORGET TO PUT THE CAP BACK ON.**
3. The time and day of week of when you last put the cap back on will automatically be recorded and displayed on the cap (b).

If an alarm is overdue the display will continue blinking with the time the bottle was last opened (c).

CHECK CURRENT TIME

NOTE: The display by default **does not show the current time**. To check the current time, follow these steps.

(a)

(b)

(c)

1. Press and hold the CHECK button, and the display will show the current time and day.

2. Let go of the CHECK button for the display to return to the last time you opened the bottle (c).
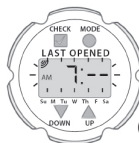
CHECK ALARM SETTINGS

(a)
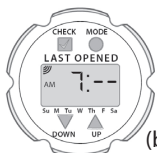
(b)

(c)

1. **DO NOT remove the cap from the**
2. **bottle.** Press and hold the DOWN and UP buttons at the same time until the display shows 12 PM (a).

3. Use the DOWN or UP buttons to advance by one hour. The alarm symbol will appear on the display at each hour an alarm is set (b).
4. Wait 5 seconds for the display to return to the last time you opened the bottle (c).

DISCLAIMER

Important: TimeCap Green is not child-proof.
This e-pill medication reminder is only a supplement to any memory system that you currently use to remind yourself to take medications. The user maintains full responsibility to administer medication at the appropriate times. e-pill, LLC assumes no responsibility for any incidental or consequential damages, including but without limitation, damages or injuries resulting from malfunction of the product. e-pill, LLC's liability shall under no circumstance exceed the list price on epill.com.

Date: **Time:**

I am currently feeling:

Bad   *Great*

0	1	2	3	4	5	6	7	8	9	10

List and describe symptoms below.

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Cultivar:

_____

Dosage Specifics	THC	CBD	CBN	THCA
Sativa Indica Hybrid (*circle one*)	%	%	%	%
Dosage in MG:				

Administration Method:
Vaporize   Eat   Sublingual
Smoke   Drink   Other:

I am currently feeling:

Worse   same   better

0	1	2	3	4	5	6	7	8	9	10

Exhausted   same   Energized

0	1	2	3	4	5	6	7	8	9	10

Anxious   same   Relaxed

0	1	2	3	4	5	6	7	8	9	10

In pain   same   Pain Relieved

0	1	2	3	4	5	6	7	8	9	10

Other:

0	1	2	3	4	5	6	7	8	9	10

Other:

0	1	2	3	4	5	6	7	8	9	10

Reflections:

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_____

_____

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Date: **Time:**

I am currently feeling:

Bad   Great

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

List and describe symptoms below.

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Cultivar:

_____

Dosage Specifics	THC	CBD	CBN	THCA
Sativa Indica Hybrid (*circle one*)	%	%	%	%
Dosage in MG:				

Administration Method:		
Vaporize	Eat	Sublingual
Smoke	Drink	Other:

I am currently feeling:

Worse   same   better

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Exhausted   same   Energized

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Anxious   same   Relaxed

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

In pain   same   Pain Relieved

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Other:

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Other:

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Reflections:

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Date: **Time:**

I am currently feeling:

Bad   Great

0	1	2	3	4	5	6	7	8	9	10

List and describe symptoms below.

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Cultivar:

_____

Dosage Specifics	THC	CBD	CBN	THCA
Sativa Indica Hybrid (*circle one*)	%	%	%	%
Dosage in MG:				

Administration Method:
Vaporize   Eat   Sublingual
Smoke   Drink   Other:

After Dosage:

I am currently feeling:

Worse   *same*   *better*

0	1	2	3	4	5	6	7	8	9	10

Exhausted   *same*   *Energized*

0	1	2	3	4	5	6	7	8	9	10

Anxious   *same*   *Relaxed*

0	1	2	3	4	5	6	7	8	9	10

In pain   *same*   *Pain Relieved*

0	1	2	3	4	5	6	7	8	9	10

Other:

0	1	2	3	4	5	6	7	8	9	10

Other:

0	1	2	3	4	5	6	7	8	9	10

Reflections:

_____

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_____

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Date: **Time:**

I am currently feeling:

Bad   *Great*

0	1	2	3	4	5	6	7	8	9	10

List and describe symptoms below.

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Cultivar:

_____

Dosage Specifics	THC	CBD	CBN	THCA
Sativa Indica Hybrid (*circle one*)	%	%	%	%
Dosage in MG:				

Administration Method:

       Vaporize   Eat   Sublingual

       Smoke   Drink   Other:

I am currently feeling:

Worse   same   better

0	1	2	3	4	5	6	7	8	9	10

Exhausted   same   Energized

0	1	2	3	4	5	6	7	8	9	10

Anxious   same   Relaxed

0	1	2	3	4	5	6	7	8	9	10

In pain   same   Pain Relieved

0	1	2	3	4	5	6	7	8	9	10

Other:

0	1	2	3	4	5	6	7	8	9	10

Other:

0	1	2	3	4	5	6	7	8	9	10

Reflections:

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Medication Reminders