



Medication Reconciliation/BPMH\* for:

Social Security Number

DOB

**John Smith****123-45-6789****03-22-1985**

Two Week Period From:

To:

**02/14/2021****02/28/2021**

Date (mm/dd/yyyy)

Prepared by (Signature/Printed Name)

Verified by PhC (Signature/Printed Name)

Date (mm/dd/yyyy)

Verified by RN (Signature/Printed Name)\*\*

Counselled by (Signature/Printed Name)

Date (mm/dd/yyyy)

Parent/Legal Guardian (Signature/Printed Name)

**K00****PLEASE NOTE:** completed calendars  
MUST be returned to SHC as part of  
the patient's Medical Record

Information: 0-123-456-789

Emergenc: 0-123-456-789

Website: www.samplehealth  
care.com

(0101234567890123)



\* Best Possible Medication History

\*\* Verification of steroids medication that are part of the patients therapy treatment

**Drug & Usage****Time****Su****Mo****Tu****We****Th****Fr****Sa****Su****Mo****Tu****We****Th****Fr****Sa****Zerit**

8 AM

(Stavudine), 15mg Capsule(s) 4 tablets/day  
for 4 week(s)

12 PM

5 PM

9 PM

**Valcyte**

Noon

(Valgancyclovir Hydrochloride), 450 mg  
Tablet(s) 2 tablets/day for 2 week(s)

Bedtime

**Prednisone**

10 AM

4 tablets/day for 4 week(s)

**Aspirin**

8 AM

375 mg film coated Tablet(s) 4 tablets/day  
for 1 week

12 PM

	4 PM														
	8 PM														
<b>Salbutamol</b> Aerosol, spray 90 mg Inhalation 6 times/day for 2 week(s)	8 AM														
	12 PM														
	3 PM														
	4 PM														
	6 PM														
	8 PM														
<b>Vitamin D3</b> (Cholecalciferol), 1.25 mg Capsule(s) 3 capsules/day for 2 week(s)	Morning														
	Afternoon														
	Evening														
<b>Ibuprofen</b> 1 tablet/day for 3 week(s)	6 PM														

Mark each box with a checkmark after you have taken a dose of medicine. If you skipped a dose, please consult your physician or pharmacist. Do not take medicine on the days and times not clearly indicated on this schedule.

☐ Take a medication
☒ Skip this day