



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.samplehealthcare.com

\* 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
<b>Zerit</b> (Stavudine), 15mg Capsule(s) 4 tablets/day for 4 week(s)	8 AM														
	12 PM														
	5 PM														
	9 PM														
<b>Valcyte</b> (Valgancyclovir Hydrochloride), 450 mg Tablet(s) 2 tablets/day for 2 week(s)	Noon														
	Bedtime														
<b>Prednisone</b> 4 tablets/day for 4 week(s)	10 AM														
<b>Aspirin</b> 375 mg film coated Tablet(s) 4 tablets/day for 1 week	8 AM														
	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														