Sample Health Centre

Medication Reconcilliation/BPMH* for:	Social Security Number	DOB
Jane Doe	123-45-6789	03-22-1985
Two Week Period From:	**To:**	
02-14-2021	02-28-2021	

K00

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

Information: 0-123-456-789

Emergency: 0-123-456-789

Website: www.samplehealthcare.com

(01)01234567890123

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)	

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

Salbutamol Aerosol, spray 90 mg Inhalation 6 times/day for 2 week(s)	10 AM														
	12 PM														
	2 PM														
	4 PM														
	6 PM														
	8 PM														
Vitamin D3 (Cholecalciferol), 1.25 mg Capsule(s) 3 capsules/day for 2 week(s)	Morning														
	Afternoon														
	Evening														
Ibuprofen 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