Medication Reconciliation Form

Example

Start Date	Name of medication	Strength of medication	Dose - how many tablets or capsule	Frequency of dosing	Type of med (Rx, OTC, or supplement)	Reason for taking medication	Prescribing Physician
01/12/2015	Metoprolol	25 mg/tablet	1 tablet	Once a day (AM)	Rx	High blood pressure	Dr. John Smith
03/22/2015	Ibuprofen	200 mg/tablet	1 tablet	Every 8 hours as needed for pain	ОТС	Pain	Dr. Lewis Snow

Medication Reconciliation Form

2018-2019

Student's Full Name	Student's ID #
Date of Birth	
Grade	

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Medication Reconciliation Form 2018-2019

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