

Long-Term Care Facility Medication Reconciliation Sheet

Resident Name:

DOB:

Medical Record #:

Admission Date:

Physician:

Medication List

Medication Name	Dosage	Route	Frequency	Indication	Last Dose	Comments
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						

Allergies

Notes

Reconciled By:

Date: