Rakesh Gupta Medical PC & Gupta Gastro Associates

Medical Reconciliation Form

* For patient to complete and keep at all times Copy should be placed in chart *

**** USE FULL NAME OF MEDICATION AND DOSAGE ****

Today's Date:	
Name:	
Phone Number:	Date of Birth:
Allergic To:	
Describe Reaction:	

Please list all current medications. This includes over-the-counter and herbal medicines.

Date	Name of Medication	Directions/ Route Taken. Example: oral	Date Stopped	Physician's name or Reason

New Medication Ordered

Medication Name	Strength	Dosage/ Directions

Disclaimer:

This list is provided to you by the facility as an educational tool. All current medications including the ones prescribed are noted. The list is prepared based on the information you have provided. This facility is not responsible to maintain, prescribe or refill any of the above listed medication unless we have provided you with a prescription.

How This Form Helps You:

Improves Communication: Provides doctors, healthcare providers and institutions with a current list of all your medications. **Improves Medical Safety:** Medication interactions and duplications can be detected and corrected.

Always keep this with you and updated.

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