

**Sample Medication Reconciliation Record Form for Inpatients**

<b>Medication Reconciliation Record</b>		
<b>Patient: _____</b>		
<b>Step</b>	<b>Completed/authorized by (print name and designation)</b>	<b>Date/time</b>
<b>Admission</b>		
BPMH		
Admission Medication Orders		
Reconciliation (BPMH with AMOs)		
<b>Transfer</b>		
Reconciliation (BPMH with MAR)		
<b>Discharge</b>		
Reconciliation (BPMH with MAR)		
BPMDP <ul style="list-style-type: none"> <li>- Patient communication</li> <li>- Provider communication</li> </ul>		