

Medicine Accountability Audit - Tablet or Capsule Reconciliation

Service User: _____

DRUG or MEDICINE	DOSAGE	TABLET or CAPSULE RECONCILIATION					
		Number of tablets prescribed (container label)	Number of tablets dispensed (MAR Chart)	Number of tablets remaining (theoretical)	ACTUAL number of tablets remaining (PHYSICAL COUNT)	DISCREPANCY	Comments

Signature of Auditor: _____ Name of Auditor (PRINT): _____ Date(s) of Audit: _____