

**Bay Medical Group**  
**Medication Synchronisation Form**

Dear Patient

We are working to improve our service to you and we noticed that your medication is out of sync. Synchronising medicines may help compliance, reduce medication waste and minimise the risk of you running out of your medicines at different times. To help synchronise your medicines please provide the up to date quantity you have of all medications, if there is any medication you have on your medicines list that you no longer take, please advise us of this also.

If you have difficulty working out what you need you can talk to your community pharmacist who will be happy to help.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

MEDICATION	NUMBER OF TABLETS	DOSE PER DAY	AMOUNT/QUANTITY LEFT

DATE OF COUNTING MEDICATIONS: \_\_\_\_\_