

**myTOPCARE**  
**Pill Count Form**

**Medication:** \_\_\_\_\_

**Correct pills identified**

**Original pill count:** \_\_\_\_\_

**Pills per day:** \_\_\_\_\_

**Prescription fill date:** \_\_\_\_\_

**Current date:** \_\_\_\_\_

**Days since prescription fill date:** \_\_\_\_\_

**Expected pills taken:** \_\_\_\_\_  
*Pills per day x Days since prescription fill date*

**Expected pills left:** \_\_\_\_\_  
*Original pill count – Expected pills taken*

**Actual pills left:** \_\_\_\_\_

**Discrepancy:** \_\_\_\_\_  
*Expected pills left – Actual pills left*