

# Virtual Pill Count Sheet

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

TODAY'S DATE: \_\_\_\_\_

TODAY'S CODE WORD: \_\_\_\_\_

Prescribed to take \_\_\_\_\_ tablets / capsules / films \_\_\_\_\_ times a day.

So far today, I have taken \_\_\_\_\_ tablets / capsules / films today.

SAMPLE ONLY. If you choose to use any portion of this form, you will hold Dr. Simon Feng, [simonfengmd.com](http://simonfengmd.com) and Opioid Management LLC harmless from any harms or actions arising from the use of this document.

# Virtual Pill Count Instructions

A valid acceptable Virtual Pill Count MUST have the following

1. The code-word given to you at the time we request a Virtual pill count
2. A photo of the front of the pill bottle showing your name and name of the medication
3. Info on the side of the bottle describing the pill (shape, color, markings/imprints)
4. All pills must be visible on the same page without stacking pills on top of each other  
Please lay out the pills imprint facing up, in rows of 5
5. Tell us how many pills you have taken that day  
Text photos to: \_\_\_\_\_

NOTE: There should be THREE photos:

- A. Front of the bottle with your name and name of medication
- B. Side of Bottle showing description of the pill (shape, color, markings/imprints)
- C. Completed Virtual Pill Count Sheet showing
  1. Your name
  2. Date photo was taken
  3. Code word of the day – (given to you when we request the pill count)
  4. Your pills arranged on the sheet  
Please arrange pills: in rows of 5  
markings or imprint facing up  
without stacking pills
  5. Tell us how many pills you have taken so far on the day of the pill count

**Please text all 3 Photos to:** \_\_\_\_\_