

PATIENT CARE RECOMMENDATION PRESCRIBER / PHYSICIAN RESPONSE REQUESTED

During the review of this patient, a drug therapy problem may have been identified. Please find my recommendation below. After reviewing, please indicate your acceptance, or alternate approach in the bolded box below.



HAMILTON & DISTRICT
PHARMACISTS' ASSOCIATION

ANCASTER | BINSBROOK | BURLINGTON | DUNDAS | FLAMBOROUGH | GRIMSBY | HAMILTON | STONEY CREEK | WATERLOO

Pharmaceutical Opinion Outcome: Change to Rx No Change to Rx Not filled

PRESCRIBER INFORMATION	
Name:	Phone:
CPSO#:	Fax:
PATIENT INFORMATION	
Patient Name:	DOB:
	Phone #:
IDENTIFIED DRUG RELATED PROBLEM	
<input type="checkbox"/> Dose too high (prescribed or patient taking too much)	<input type="checkbox"/> False or altered prescription has been confirmed
<input type="checkbox"/> Dose too low	<input type="checkbox"/> Non-compliance (refusing drug or not taking properly)
<input type="checkbox"/> Drug not as effective as needed (sub-optimal response)	<input type="checkbox"/> Patient needs additional drug therapy
	<input type="checkbox"/> Therapeutic duplication (drug may not be necessary)
	<input type="checkbox"/> Adverse drug reaction (possible allergy or interaction)
Details (include medications involved):	Pharmacist's recommendation, follow-up plan & rationale:

ATTENTION: PRESCRIBER/PHYSICIAN
Check one of the following:
<input type="checkbox"/> Accept recommendation as written above
<input type="checkbox"/> Other (please document):
PRESCRIBER SIGNATURE: _____ Please fax back to pharmacy at the # below.
Thank you.

IDENTIFIED DRUG RELATED PROBLEM	
Fax #: _____	RPh Name: _____
Phone #: _____	OCP #: _____
Address: _____	RPh Signature: _____
Date: _____	REFERENCE RX OR MEDSCHECK TX# _____ <i>(Pharmacy: if applicable attach copy of Rx / Medscheck)</i>

The information contained in this fax communication is confidential and is intended only for the use of the recipient named above. If the reader of this fax memo is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this fax memo is strictly prohibited. If you have received this fax memo in error, please destroy the memo and notify the sender.