

Healthcare Provider Notification of MedsCheck Services

To \_\_\_\_\_

Fax Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Pages \_\_\_\_\_

Email Address \_\_\_\_\_

Date (yyyy/mm/dd) \_\_\_\_\_

**Re:** \_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Address

\_\_\_\_\_  
Telephone Number

Our mutual patient noted above has had a MedsCheck completed by our pharmacist on \_\_\_\_\_  
Date (yyyy/mm/dd)

**Notification**

- No follow-up issues have been identified at this time. The MedsCheck Personal Medication Record is attached.
- Follow-up issues have been identified with this MedsCheck review, and they have been summarized and are attached with the Personal Medication Record.

Issues / comments

**Prepared By**

\_\_\_\_\_  
Pharmacist Full Name

\_\_\_\_\_  
Pharmacist's Signature

\_\_\_\_\_  
Pharmacy Name

\_\_\_\_\_  
Telephone / Fax