PHARMACIST PRESCRIBING ALERT

☐ Response Required ☐ For your records Date: _____

TO

Provider: _____

Tel: _____

Fax: _____

REGARDING

Patient: _____

DOB: _____

HCN#: _____

☐ Consent Obtained

Original Prescription Details (if applicable):

Affix original prescription label here or provide details

New Prescription Details:

Affix prescription label here or provide details

Notes:

Pharmacist Information:

Name: _____ Registration #: _____

Pharmacy Name: _____ Phone/Fax: _____

Signature: _____