

Phone: [REDACTED]

Fax: [REDACTED]

ORDER REPORT

Name: [REDACTED]

07/12/2016 - [REDACTED]

Addr: [REDACTED]

MRN: [REDACTED]

Ph: [REDACTED]

UWHC: [REDACTED]

DOB: [REDACTED]

Order Specific Information:

OUTSIDE ORDER [9143] Qty: 1

Priority: Routine Order #: [REDACTED] Order Class: Local Printer

Associated Diagnosis:

Z79.899 Polypharmacy

No Order Questions

Comments:

Physician-Pharmacist Referral Project

Referred Service(s): Medication reconciliation, Dose orchestration, Medication education and Therapeutic review of medications

Order Date and Time: 7/12/2016 8:58 AM

Encounter Provider: [REDACTED]

Authorizing: [REDACTED]

Electronically Ordered By: [REDACTED] MD

Manual Signature(if required)

Manual Date(if required)

Electronically signed by: [REDACTED] MD

7/12/2016 [REDACTED]

NPI: [REDACTED]