



## St. Vincent de Paul Charitable Pharmacy

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Cincinnati, OH 45214  
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Cincinnati, OH 45238  
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### Prescription Medication Update

TO: Good Samaritan Free Health Center  
3727 St. Lawrence Avenue, Cincinnati, OH 45239  
Phone: (513)246-6888 Fax: (513)246-6887

FROM: \_\_\_\_\_, RPh  
DATE: \_\_\_\_\_

### RE: Changes to our mutual patient's drug therapy

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

As a physician extender under the consult agreement signed by Dr. R. Stephen Eby on 8/30/2017 in accordance with ORC 4729.39 and OAC 4729-29-02, a pharmacist made the following changes to a mutual patient's drug therapy:

#### DISCONTINUED PRESCRIPTION

|                                    |  |
|------------------------------------|--|
|                                    | REFILL ____ TIMES                            |
| _____<br><small>Prescriber</small> | _____<br><small>Pharmacist Signature</small> |

#### INITIATED PRESCRIPTION

|                                    |  |
|------------------------------------|--|
|                                    | REFILL ____ TIMES                            |
| _____<br><small>Prescriber</small> | _____<br><small>Pharmacist Signature</small> |

Rationale: \_\_\_\_\_

Recommend physician follow-up in \_\_\_\_ weeks.

As a mutual patient of Good Samaritan Free Health Center and St. Vincent de Paul Charitable Pharmacy, I understand my physician has approved my pharmacist to make clinical decisions. I understand my right to opt out of prescription changes made by a pharmacist. By signing below, I provide consent for the pharmacist to intervene:

Patient Signature: \_\_\_\_\_ DOB: \_\_\_\_\_