Prescriber Communication Form

To: **Fax**:

Number of Pages:

From: **Phone**:

Address: **Fax**:

The following patients have recently undergone a medication check-up at Kroger Pharmacy. During the medication check-up, we reviewed the patient's prescription medications, over-the-counter medications, and all herbal supplements currently used. Please see the attached documents (patient medication list and action plan) from the completed visits.

First Name	Last Name	Date of Birth	East Central Provider

We are pleased to work with you to optimize the patient's therapy. Please do not hesitate to contact us with any questions.