



**Uncharacteristic Confusion/Behavior:** \_\_\_\_\_  
Related med/dose: \_\_\_\_\_

Should you have any questions or comments, please contact me at:  
**(phone)** \_\_\_\_\_ or **(email)** \_\_\_\_\_

Thank you for your attention to these potential problems.

\_\_\_\_\_, Pharmacist                      Date \_\_\_\_\_

**Please complete form and fax back to \_\_\_\_\_ with your recommendation(s) or comments:**

**Physician Response/Comments**

\_\_\_\_\_ I have noted the potential medication issue and will follow-up with the patient;

\_\_\_\_\_ Please have the patient schedule an appointment with my office;

\_\_\_\_\_ I do not believe an issue exists and the patient's treatment will remain the same;

\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, MD Signature                      Date \_\_\_\_\_

\_\_\_\_\_, MD  
Print Name

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MSSP #: \_\_\_\_\_