

Phone: (843) 419 -8642



Fax: (843) 419-8697

Dear Dr. _____,

Our mutual patient, _____ DOB: _____, has an upcoming appointment for a medication review. During the appointment, I will discuss each medication with the patient, provide education, and review medications for safety, cost effectiveness, and potential gaps in care, as well as address any concerns the patient may have. The patient will receive an updated medication list and a medication action plan which gives them directions for anything they should do differently.

We will also discuss goals of therapy and current lab results. To maximize the benefits of this program and ensure accurate information, I am requesting the patient's most recent lab results. This will give me a better overall picture of how the patient is doing, and give the patient a chance to discuss what these results mean and how they relate to their medications and lifestyle habits.

When discussing goals of therapy, I will reference the current clinical practice guidelines for each disease (ADA Standards of Medical Care in Diabetes, JNC 8, and ACC/AHA Blood Cholesterol Guideline). I realize that patient-specific information I may not have access to can influence these goals, so I have included an area on the attached form for you to specify a different goal if you wish.

If you have any other issues or concerns about this patient that you would like for me to address or reinforce, please include them in the "Notes" section on the attached form. My main focus with these appointments is to address potential medication issues, but if you have other concerns I am happy to discuss these with the patient as well.

I will contact you if anything arises during the medication review that requires your attention, and I will provide you with the patient's updated medication list. I look forward to working with you to improve our patient's health.

Regards,

Darren C. Hamilton

Darren C. Hamilton, Pharm.D
Palmetto Health & Management

Patient: _____ DOB: _____

Prescriber: _____

Labs/information requested:

☐ Hemoglobin A1C Date: _____ HbA1c: _____

☐ Lipids Date: _____
TC: _____ HDL: _____
TG: _____ LDL: _____

☐ Blood Pressure Date: _____ BP: _____
Date: _____ BP: _____

Goals of Therapy:

Hemoglobin A1C ☐ < 6.5% ☐ < 7% ☐ < 8% ☐ Other _____

Fasting blood glucose ☐ 70 – 130 mg/dL ☐ Other _____

Peak post-prandial glucose ☐ < 180 mg/dL ☐ Other _____

Blood Pressure ☐ < 130/80 (ADA) ☐ < 140/80 (ADA) ☐ < 150/90 (JNC 8)
☐ Other _____

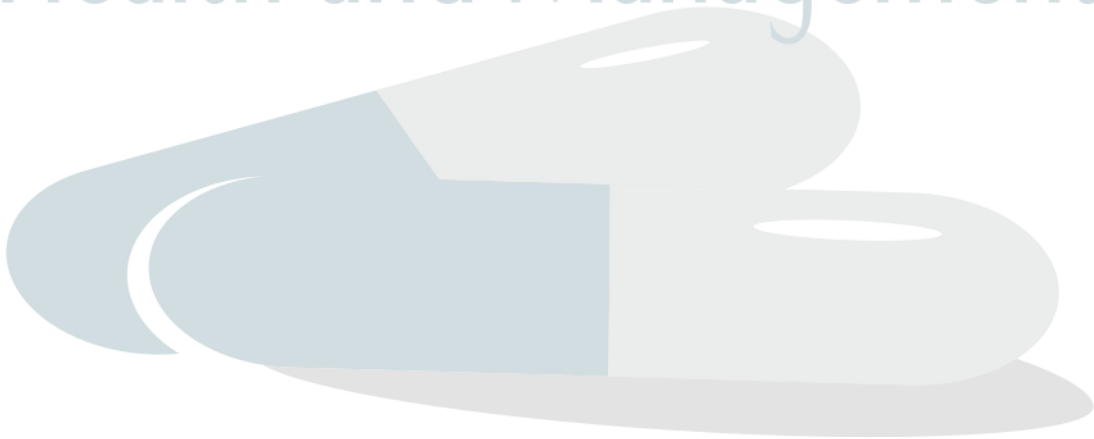
Lifestyle ☐ Weight Loss ☐ Smoking Cessation ☐ Other

Notes/Other goals



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