

Date:
From: , PharmD
Facility/Department:
Contact Information:

To:
Re: Clinical Pharmacist Consultation Referral
Patient Name:
DOB: | MRN:

Dear ,

I am referring the above-named patient for a comprehensive clinical pharmacy consultation regarding . This referral is prompted by the following clinical indications:

- Medication Therapy Management (MTM) / Polypharmacy Review
- Chronic Disease State Management:
- Pharmacokinetic Dosing / Therapeutic Drug Monitoring
- Adverse Drug Reaction Evaluation
- Transition of Care / Medication Reconciliation

Clinical Background & Current Concerns:

Specific Recommendations Requested:

Attached please find the current medication list and relevant laboratory values for your review. I look forward to your clinical assessment and pharmacotherapy recommendations to optimize this patient's therapeutic outcomes.

Sincerely,

, PharmD
Clinical Pharmacist
Confidential Healthcare Information Enclosed