



St. Vincent de Paul Charitable Pharmacy

1125 Bank Street
Cincinnati, OH 45214
Phone: (513)562-8841
Fax: (513)345-1779

3015 Glenhills Way
Cincinnati, OH 45238
Phone: (513)347-0743
Fax: (513)347-0720

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
Dr. R. Stephen Eby _____ Prescriber	_____ Pharmacist Signature

INITIATED PRESCRIPTION

	
	REFILL _____ TIMES
Dr. R. Stephen Eby _____ Prescriber	_____ Pharmacist Signature

Rationale: _____

Recommend physician follow-up in _____ weeks.

This patient has documented informed consent to participate in this program upon certification into the Charitable Pharmacy. The patient's signature in the certification paperwork indicates permission for a pharmacist to manage drug therapy based on the approved collaborative practice agreement. The patient has indicated understanding of the right to opt out of this program at any time by providing withdrawal of consent in writing.