



[Facility logo]

Dear: (CURRENT MRP/

CC: (Clinic/MOA)

Fax:

RE: Medication Review

A routine medication review has been scheduled at (CARE HOME NAME) for the following patient (RESIDENT NAME) on (DATE) at (TIME). Medication reviews are mandated a minimum every 180 days in accordance to the Pharmacy Act, Residential Care Regulations, as well as the Nanaimo Residential Care Initiative, to ensure all residents receive safe and appropriate medication reviews. Please indicate below if you would like to participate either in person or by teleconference:

- In person
- Teleconference [insert teleconference details]
- Unable to attend

If you are unable to attend, please be aware that you will receive your patient's medication list for review, asking to either continue or discontinue medications; accompanying this may be suggestions from the Medical Director, pharmacist or professionally trained staff.

For each medication, consider the following:

- Does the patient need the medication?
- Are there any interactions with other medications?
- Are there any side effects?
- Is there any special monitoring required?
- Can the medication be safely tapered?

Please contact us if there is lab work you would like undertaken prior to review. If you have any questions regarding your patient's care and/or medication use, please do not hesitate to contact us.

Thank you for your time and consideration,

[NAME/SIGNATURE/DESIGNATION]

Please fill out form and return to (FACILITY NAME) by email: [insert facility email] or fax: [insert fax no]

Billing Code 14015: Facility patient conference-general practice

Billing Amount: \$40.00 per 15 minutes: Max units / year / patient: 6

Requires interdisciplinary team meeting of at least 2 health professionals in total, and will include family members when available. Maximum payable per patient is 90 minutes (6 units) per calendar year.

Maximum payable on any one day is 30 minutes (2 units).