

SCHEDULING REQUEST

MEANINGFUL MEDICATION REVIEW / CARE CONFERENCE

CARE HOME (✓):

- Comox Valley Seniors Village
- Cumberland Lodge
- Cummings House
- Glacier View Lodge
- Eagle Views
- Ocean View

**RESIDENTIAL CARE COORDINATORS /
CLINICAL NURSE LEADER**

NAME: _____

PHONE: _____ FAX: _____

To:

DR. _____ FAX: _____

The following is being scheduled. Please fax back and let us know if you can attend:

Name	DOB	PHN	Care Conference (✓)	Medication Review (✓)	Scheduled Time	Able to Attend In Person (✓)	Able to Attend via Phone (✓)	Unable to Attend (✓)

It is recommended that Care Conferences be attended in person. Meaningful Medication Reviews can be done in person or by phone.

Comments (If unable to attend please suggest an alternative time and any issues to be discussed):

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