



Dear Patient,

Thank you for your interest in our services. Enclosed you will find the necessary assessment forms for you to complete prior to our visit. It is very important that these forms are accurately and completely filled out to ensure that the recommendations I make to you are based on very sound judgment and a thorough understanding of all your problem areas. Please describe in detail each item requested.

Also enclosed is a *Physician Referral Form*. This form is not required for me to render my consultation. Sometimes the Physician may be hostile to criticism and refuse to follow the suggestions I make about your drug therapy. In an effort to see the physician's response in advance and see if he/she is willing to work in the team approach to improve your drug therapy regimen, you may want to take the form for them to accept and sign. Please understand your health is primary with us and we act on your request only.

Enclosed you will find:

1. **Patient Confidential Information Form** - Fill in all the requested information. You may need help from your doctor's office on a specific diagnosis listed in your health record. All information on this form is important.
2. **Laboratory Form** – Get copies of laboratory tests that have been performed within the past 8 to 12 months. Place the most recent laboratory values in the appropriate box. Make sure you have copied the information EXACTLY RIGHT.
3. **Prescription Medication Form** – List all the drugs that are prescribed for you. Make sure you answer all the questions about each drug. Make sure you haven't missed any drugs and that all the information is correct before you submit the form to us.
4. **NON Prescription Medication Form** – List all the over the counter (patent medications), herbal drugs, health food store drugs, supplements or remedies you use that are not prescribed by the doctor. Make sure you list all and the other information requested.
5. **Blood Pressure Log** – To make comprehensive evaluations of your blood pressure and medications you may be prescribed, it is necessary that you take and record your blood pressure and pulse as soon as you arise in the morning and just before you retire each night. I need two weeks of these values to establish a mean blood pressure. This is very important.
6. **Patient Personal Information Form** – This assessment covers some very important issues which are necessary to develop the appropriate drug therapy management program for you to optimize successful drug outcomes while being as cost effective as possible.

Upon completion you may mail the completed forms, along with your check for \$350.00 payable to **MedicationXpert**, to our mailing address at the bottom of the page.

We look forward to working with you and your doctor toward your better health.

Sincerely,

A handwritten signature in cursive script that reads "Armon B. Neel, Jr., PharmD". The signature is written in a dark ink and is positioned above the printed name.

Armon B. Neel, Jr., PharmD, CGP, FASCP
Senior Care Consultant