

Patient Services Referral

Date: _____

Patient Name: _____

DOB: _____

Address: _____

City: _____ State/Zip: _____

Best Phone: _____ Social Security# _____

Service(s) Requested:

- Medication Delivery Services
- Mediplanner (multi-dose medication compliance packaging)
- Prescription Savings Review (Medicare Part D, Formulary review)
- MedSync (synchronization of medications for once-a-month pick-up)
- Immunization Review (review current immunization record & immunize if indicated)
- Blood Glucose Counseling and Monitoring
- Blood Pressure Counseling and Monitoring
- Transition of Care (medication reconciliation, formulary review, care coordination, etc.)
- Chronic Care Management Services
- CBD Oil Consultation/Dosing
- Customized patient care services: _____

Patient's Preferred Location:

Eastridge-Phelps Pharmacy
500 N Bypass
Campbellsville, KY 42718
(270) 789-0577 (call)
(270) 789-0578 (fax)
www.eastridgephelps.com

Eastridge-Phelps Pharmacy
460 Commerce Drive
Greensburg, KY 42743
(270) 299-2333 (call)
(270) 299-2334 (fax)
www.eastridgephelps.com

Referring Provider: _____

Clinic: _____

Phone: _____

Fax: _____

Your name (if not the referring provider): _____

Patient's Current Pharmacy: _____

Patient Insurance Information:

- Medicaid
- Medicare
- Commercial
- Tri-Care/Military
- Uninsured
- Other

Copy of insurance card provided (please circle): Yes / No