Medication Xpert
Senior Care Consultants

MedicationXpert.com Senior Care Services Referral Request Form

Date:_____

Patient Name:_____

Primary Physician: _____

Physician Phone:_____

Physician Fax:_____

Please check one:

☐ I request the Senior Care Pharmacist review the medications for the above-named patient and submit his/her Drug Therapy Management Recommendations to me for final approval.

☐ I do not wish the Senior Care Pharmacist to review the medications for the above-named patient and offer his/her Drug Therapy Management Recommendations to me for my approval or disapproval.

Primary Physician Signature:_____

Please fax this form to 770-412-8755 or return to patient or patient representative for presentation to MedicationXpert, LLC.

Thank you.

Armon B Neel Jr, Pharm D

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

Armon B. Neel, Jr., PharmD, CGP, FASCP
137 North Hill Street * Griffin, Georgia 30224
(770) 412-7666