

Patient Services Referral

Date:

Patient Name: DOB:

Address:

City: State/Zip:

Phone (Home/Cell): Phone (Work):

Service(s) Requested:

- Assignment of Medication & Care Coordination Advocate to Patient (MedHere Today Program)
- Blood Glucose Counseling and Monitoring
- Blood Pressure Counseling and Monitoring
- Diabetes Prevention Program & Weight Loss Program (12 months / 28 sessions)
- Diabetes Self-Management Education Program (12 months / 12 sessions)
- Diabetes Support Group (last Tuesday of every month)
- Medication Delivery Services to Patient's Home
- Multi-Dose Medication Packaging
- Pharmacogenetic Testing plus 15-minute review with PGX certified pharmacist
- Prescription Savings Review (Medicare Part D, 340B, manufacturer programs, personalized insurance formulary review, 100 Day Supply Generics Savings Program, etc.)
- Transitions of Care (medication reconciliation, formulary review, care coordination, etc.)
- Customized patient care services: _____

Patient's Preferred Location:

<input type="checkbox"/> Medical Arts Pharmacy 808 East Wakefield Sikeston, MO 63801 573-471-5454 (call or text) 573-471-8384 (fax) www.semorx.com	<input type="checkbox"/> L&S Pharmacy 406 South Main Street Charleston, MO 63834 573-683-3307 (call or text) 573-683-3308 (fax) www.semorx.com
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Patient Insurance information:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Tri-care/Military |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Other |

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

Referring Provider: Clinic Name:

Address:

City: State/Zip:

Phone: Fax:

Your name (if not the referring provider):

Comments:

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