

Y N Did patient attend the pre-clinic visit?

How this encounter go?



A B Which Script was used?

Y N Did patient chose to use OV Pharmacy?

Comment: _____

If NO, why not?: _____

Y N Did patient chose mail-delivery refills?

Y N Did the patient successfully complete the pharmacy fill?

If NO, why not?: _____

If NO, why not?: _____

PROVIDER REMINDER

This patient has chosen to use the Olive View Outpatient Pharmacy

Please ensure to route any prescriptions accordingly.

Thank you.