

January 3, 2024

Medication Management Program for Patient: **Lucy30595 Miller (DOB: 01/01/1926)**

Dear Dr. TestMahoney:

I am a pharmacist at Arine Inc., a medication management company that works with VNS CHOICE Health Plans. On January 3, 2024, I performed a review of your patient's case. I have summarized the issues identified and my recommendations in the table below. Please indicate in the last column whether you plan to implement the recommendations and **fax back this form and any requested medical records** to 833-263-1963.

	Assessment	Recommendation	Implement? (Y/N)
1	Testing Provider Assessment	Testing Provider Recommendation	

Please send any updated prescriptions to the patient's preferred pharmacy, as we are not a dispensing pharmacy. The patient's preferred pharmacy is:

TestCVS PHARMACY #08420
7740 N Cortaro Rd
Tucson, AZ 85743-0000
Phone: 520-579-9918

Please leave any other comments here about the recommendations or important notes about the patient's health and fax us the form at 833-263-1963:

We appreciate working with you to provide high-quality healthcare for our patients.



Medication Therapy Management Pharmacist
DevAdmin DevAdmin, PharmD, BCPS
VNS HEALTH
Phone: 917-383-1285
Fax: 1-833-263-1963