

March 20, 2024

Medication Therapy Management Program for Patient: **TestTony TestSullivan (DOB: 03/17/1958)**

Dear TestMichael TestJordan_specialist_in_nephrologist_0001:

I am a pharmacist, working on behalf of Prominence Health Plan. I spoke with your patient on March 20, 2024 to perform a medication consultation. I have summarized the issues identified and my recommendations in the below table. Please call XXXX with any questions. Please also indicate in the last column whether you plan to implement the recommendations and fax us the form at XXXXXX.

	Assessment	Recommendation	Implement? (Y/N)
1	Testing Provider Assessment1	Testing Provider Recommendation1	
2	Testing Provider Assessment2 Inquire about the patient's past illnesses, surgeries, allergies, and medications.	Test Provider Recommendation2 Prescribe medications to manage symptoms or treat underlying conditions.	
3	Test Provider Assessment3 Ask about the symptoms the patient is experiencing, including their duration and severity.	Test Recommendation3 Recommend changes in diet, exercise, or other habits to improve health.	
4	Testing Provider Assessment4	Testing Provider Recommendation4	
5	Test Provider Assessment5 Discuss any potential risk factors such as smoking, alcohol use, or family history of certain conditions.	Test Provider Recommendation5 Discuss and document the patient's preferences regarding medical care in case of incapacitation.	

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

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Medication Action Plan (cont.)
Name: TestTony TestSullivan
(DOB: 03/17/1958)

Prominence[®]
Health Plan

TestPharmacy Rx
595 Market St #2550
San Francisco, CA 94105
Phone: 555-555-5555

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

Medication Action Plan (cont.)
Name: TestTony TestSullivan
(DOB: 03/17/1958)

Prominence®
Health Plan

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

DevAdmin DevAdmin

Medication Therapy Management Pharmacist
DevAdmin DevAdmin, PharmD, BCPS
Prominence Health Plan
Phone: XXXX
Fax: XXXXXX

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