

Healthcare Provider Notification of MedsCheck Services

To JASON H. T. LO

Fax Number

905-486-0898

Telephone Number

905-472-7000 - 905-486-1050

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Email Address

Date (YYYY/MM/DD) 2020/12/05

Re: Patient's Name

WILFRED FABROA

Patient's Address

44 CRANLEIGH DRIVE, UNIONVILLE, ON, L3R 8M1

Telephone Number

905-479-1896

Our mutual patient noted above has had a MedsCheck completed by our pharmacist on 2020/12/05

Date (YYYY/MM/DD)

The MedsCheck program aims to ensure that patients take medications as prescribed. It also aims to resolve or prevent any drug therapy problems identified by the patient or the pharmacist.

The resulting comprehensive MedsCheck Personal Medication Record is attached consolidating his/her prescription, non-prescription and natural health product profile.

This MedsCheck Personal Medication Record is for your reference and may be included as part of your patient's ongoing medical record.

Please see attached

Please take note of the following:

☒ No follow-up issues have been identified at this time. The MedsCheck Personal Medication Record is an accurate assessment of the patient's prescription, non-prescription and natural health product usage at this current moment.

☐ Follow-up issues have been identified with this MedsCheck review, and they have been summarized and are attached with this fax transmission.

Issues Annual diabetes med review. Following are his full med list including all RX, OTC & NHP for your information. We reviewed injection techniques for insulin as well as other education (hypoglycemia treatment & sick day meds)

Pharmacist Name

Bakung Henry

Pharmacist's Signature

[Signature]



Ministry of Health  
and Long-Term Care



ONTARIO  
PHARMACISTS  
ASSOCIATION

MedsCheck

## Personal Medication Record

MedsCheck Service Provided

Annual

Location (Pharmacy / Patient's Home)

Hwy 71 Warden

### Patient Information

Patient Last Name

FABROA

Patient First Name

WILFRED

Unit Number

Street Number

Street Name

44 CRANLEIGH DRIVE

PO Box

City/Town

UNIONVILLE

Province

ON

Postal Code

L3R 8M1

Date of Birth (yyyy/mm/dd)

1945/04/11

Telephone Number

905-479-1896

Date of Interview (yyyy/mm/dd)

2020/12/05

Email Address

Sources Caregiver and/or Contact Name

Last Name

First Name

Telephone Number

Primary Care Provider

Last Name

LO

First Name

JASON H. T.

Telephone Number

905-472-7000

Fax Number

905-480-0898

Current Medication List: Prescription Non-Prescription, Natural Health Products

Known Allergies and/or Intolerances

☐ Select only if patient is not taking any non-prescription products (ie/ vitamins, natural health products, over-the-counter)

**Attention Health Care Professionals:** A more detailed version of this MedsCheck Review that includes professional notes is available from the pharmacy named. Sources of information in this document include (but are not limited to) local pharmacy data and the patient. The patient has been informed of the intent of the MedsCheck Review and on what to expect. The patient is responsible for the accuracy and completeness of the data they provided when this document was prepared and for advising the pharmacist of any change to these medications. The pharmacist is responsible for information in this document that changed as a result of providing a medication review service to the patient.

Pharmacy Name (and/or Logo/Label) and Address

DEREK K. HO PHARMACY LTD. #0920

8601 WARDEN AVENUE

UNIONVILLE, ON L3R 0B5 CANADA

MedsCheck Pharmacist Name

HONG, BAYUND

Pharmacist's Signature

HONG

Date MedsCheck Report Completed (yyyy/mm/dd)

2020/12/05

Pharmacy Telephone Number

905-479-0772

Pharmacy Fax Number

905-479-4074

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SDM 920

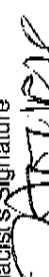
905-479-4074

15:18

12/05/2020

WHAT I TAKE Name, strength & form of medication as noted on the prescription or medication package label	WHY I TAKE IT Disease, condition or symptoms it addresses	HOW I TAKE IT Qty, route, times per day or certain time of day	COMMENTS eg. Special instructions; drug-related issues identified; prescriber (if different); etc.
BLEXTEN 20 MG TABLETS	Hives Rash on both thigh	TAKE 1 TABLET DAILY	✓ Reaction to NOVOMIX 30/70
HUMALOG MIX25 25/75 U/ML PACK	Type 2 diabetes	✓ 12 units <del>qam</del> breakfast ✓ 15 units dinner	✓ FBG 5-7 average ✓ 3 hypo: ~0.8 (1am-)
→ METFORMIN 500 MG TABLETS	11	TAKE 2 TABLETS TWICE DAILY	✓ no GI symptoms
DOVOBETOLINT GRAM <u>stopped</u>	Rash (high)	APPLY TO AFFECTED AREA ONCE DAILY	✓ didn't work
OZEMPIC MULTIDOSE PEN 1.34 MG/ML EACH	T2D	INJECT 0.25MG SUBCUTANEOUSLY ONCE WEEKLY FOR 12 WEEKS	✓ no GLSX
LYDERM CRM 0.05 % GRAM <u>stopped</u>	Rash (high)	APPLY TO AFFECTED AREA TWICE DAILY	✓ didn't work
BD U/FN NANOPRO PEN NDL NEEDLE	T2D	USE AS DIRECTED	_____
→ RAMIPRIL 2.5 MG CAPSULE	Blood pressure	TAKE 1 CAPSULE ONCE DAILY	✓ BP on target ✓ no dry cough
→ JARDIANCE 25 MG TABLETS	T2D	TAKE 1 TABLET ONCE DAILY	✓ no UTI symptoms or fungal infection
CRESTOR 5 MG TABLETS	Cholesterol	TAKE 1 TABLET ONCE DAILY	✓ no myalgia
NOVOMIX 30 CAPT 30/70 U/ML PACK	T2D	<u>discontinuing</u>	_____

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<b>Pharmacy Name (and/or Logo/Label) and Address</b> DEREK HO PHARMACY LTD #0920 8601 WARDEN AVENUE UNIONVILLE ON L3R 0B5 CANADA		<b>MedsCheck Pharmacist Name</b> HONG BAKYUNG	<b>Pharmacy Telephone Number</b> 905-479-0772
<b>Pharmacist's Signature</b> 		<b>Date MedsCheck Report Completed (yyyy/mm/dd)</b> 2020/12/05	<b>Pharmacy Fax Number</b> 905-479-4074

WHAT I TAKE Name, strength & form of medication as noted on the prescription or medication package label	WHY I TAKE IT Disease, condition or symptoms it addresses	HOW I TAKE IT Qty, route, times per day or certain time of day	COMMENTS eg. Special instructions; drug-related issues identified; prescriber (if different); etc.
FREESTYLE LIBRE SENSOR PACK	T2D	USE AS DIRECTED (REPLACE SENSOR EVERY 2 WEEKS)	✓ no arm (upper) pain
APO-ALFUZOSIN 10 MG TABLETS	BPH	TAKE 1 TABLET AT BEDTIME	✓ Regular urinary movements
SENOKOT 8.6 MG TABLETS	Constipation	TAKE 2 TABLETS AT BEDTIME WHEN NEEDED	✓ not any more diet as sufficient
<del>TRESIBA FLEXTOUCH PEN 200 U/MIL PACK</del>	<del>T2D</del>	<del>INJECT 4 UNITS SUBCUTANEOUSLY EVERY DAY AT BEDTIME</del>	<del>discontinued</del>
Systane complete	Dry eyes	1 drop 1 day PRN	— n/a —

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Pharmacy Name (and/or Logo/Label) and Address DEREK K HO PHARMACY LTD #0920 8601 WARDEN AVENUE UNIONVILLE ON L3R 0B5 CANADA		MedsCheck Pharmacist Name Bokwang Hong		Pharmacy Telephone Number 905-479-0772	
Pharmacist's Signature <i>[Signature]</i>		Date MedsCheck Report Completed (yyyy/mm/dd) 2020/12/05		Pharmacy Fax Number 905-479-4074	