FOCUS DRUG MART

3000 HIGHWAY 7 EAST, MARKHAM, L3R 6E1

Tel: (905) 305-8400 Fax: (905) 305-8123

Authorization for Frequent Dispensing (Consent/Assessment/Notification)

Patient	Information & Consent:		
Name:	ZHANG, GAO YONG	Date of Birth:	27-Jan-1957
	36 WILLIAM BERCZY BOULECARD, MARKHAM	Phone:	647 4 283931
OHIP:	9206127467		
prescibe	t and authorize the pharmacy to have my medication d, as per the assessment, rationale and dispensing o	outlined below.	wnat was onginally
	rledge that prescription are being dispensed in non-c		
Lapprove	e and acknowledge the addition of non-prescription of	drugs into compliance aid if applicable	
Patient/A	Agent Signature: Zhany gav Tengager	t Name(if applicable):	
Reaso	n for Dispensing:		
Comple	x Medication Regimen		
Nature:	Potential Overdose resulting in ADR ELDERLY IMPROVE MONITORING AND ADHERENCE F PATIENT NEEDS FURTHER MONITORING DU		
This dis	spensing regimen will be every: 30 days		
Pharm	nacist's Assessment:		• • •
achieve	professional opinion that the patient above requires desired health outcomes, as he/she is incapable of ment described above.	a more frequent medication dispensing i managing his/her medication regimen as	nterval to help him/her s a result of the
Pharma	acist: KARIM GADELKARIM Signature:	Date of notification	n. October 21, 2020
OCP#:	624143		
Pharma	acist Notes:		
Presc	riber Information:	//·	
Dear D	r. LO, JASON		
Ontario determi	tification is being sent to you to comply with regulation Drug Benefit Program (Reg. 102/96 effective Oct. 1 Ination and rationale noted above for your records. On the is for your informitation and no further action is rec	2015), whereby I am required to notify y	t Act and policies the ou in writing with my
Doctor	notified via Fax: '[,_	Other:	

This assessment is valid for the period of 365 days. It is required to be updated annualy and, is to be maintained as part of the patient's permanent health record.

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