

**ATTENTION:**

*Response requested within 2 business days*

## MEDICATION THERAPY RECOMMENDATION

PATIENT

**Allie Grichukhin**

DOB: 06/18/1976 | PHONE: 361-593-2765

ADDRESS: 11 Lakewood Gardens Court, Corpus Christi, TX, 78410

CREATED ON 11/08/2022 BY:

**OUTCOMES TRAINING PHARMACY #1**

ON BEHALF OF: Outcomes Sample Policy 2

PHONE: 877-237-0050 X555 | FAX: 515-555-4321

ADDRESS: 505 Market Street, Suite 200, West Des Moines, IA, 50266-3861

Dear Prescriber:

I recently reviewed the medications of Ms. Grichukhin. If appropriate, please approve the following recommendation.

**RECOMMENDATION MADE BY:** Hjhjkjkkklk Sddfd, Prescriber



No recommendations were found.

## RESPONSE REQUESTED WITHIN 2 BUSINESS DAYS

- **Send NEW or CHANGED PRESCRIPTIONS to your patient's preferred pharmacy:**  
OUTCOMES TRAINING PHARMACY #1 | PHONE: (877)237-0050 X555 | FAX: (515)555-4321
- **Please fax this form to OUTCOMES TRAINING PHARMACY #1 at (515)555-4321 with your response to each of the included recommendations.**