

Additional Services Consultation Request

This patient may benefit from the additional services offered at Fort Myers Prescription Shop. Please contact them to discuss available services.

Patient: _____ Date: ___ / ___ / _____

Date of Birth: ___ / ___ / _____ Phone Number: (____) ____ - _____

Doctor's Name: _____

Doctor's Phone Number: (____) ____ - _____

- **Delivery** – to the patient's home or workplace. Potential delivery address: _____
- **Medication Therapy Management** – review of patient's medication regimen for interactions, appropriateness, and efficiency.
- **Medication Synchronization** – aligning all of patient's medications to be filled all together on the same day each month.
- **Compliance Packaging** – packaging of patient's medications in "bubbles" to ease management and increase adherence.

Medication:

Frequency:

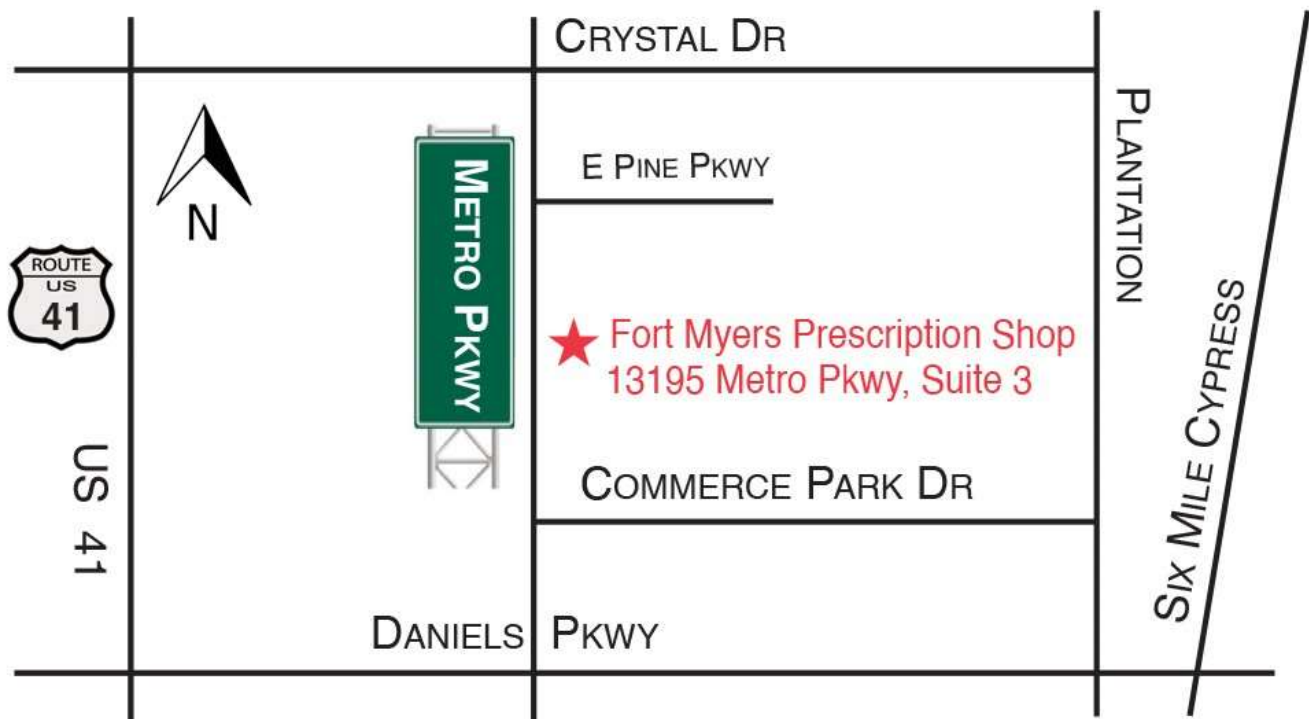
Please bring in or ask your doctor to fax the
consultation request to

Fort Myers Prescription Shop

13195 Metro Pkwy, suite 3
Fort Myers, FL 33966

Phone: 239-939-0249
Fax: 239-936-2427

Hours: Monday – Friday
8:30 – 1:00 and 2:00 – 5:00



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