



## PEI PHARMACHECK MEDICATION REVIEW REMINDER FORM

Pharmacy name

Address

Phone

Patient name

Appointment reminder  (day)  (date) at  (time).

Please arrive 5-10 minutes early to fill out some necessary paper-work: *My Medication Check-Up* form. We can assist you during the appointment should you have any difficulty.

**Please remember to bring ALL of your medications with you** including prescription medicines as well as any that do not require a prescription. Don't forget your ointments, creams, lotions, inhalers, eye or ear drops, vitamins and natural health products.

Thank you in advance for filling out and bringing with you the PEI PharmaCheck form entitled "Am I Getting the Most from My Medication?"

*We look forward to speaking with you about your medications!*

Date

Pharmacist name

Notes:

