ADHERENCE FOLLOW UP DOCUMENTATION

Date of **service**: __________ Date of **follow up**:__________

Patient name:

❒ Telephone

❒ In person

DOB:

Phone number: (___)________________________

RX #: ____________________________________

Medication (name, dose, strength):

____

Provider name: ____________________________

❒ Documented encounter to provider

Notes from Medication Plan:

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Recommended Resources:

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Notes from follow up call:

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Notes from follow up call:

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