



RXPert USA/ACPS

Charles S. Feucht, PD, FASCP



Confidential

Confidential

Request for Release of Medical Information Date

Dear Dr. _____,

This form is to request the release of select medical information and laboratory values for the patient named below who is a client of yours and of ACPS/RxPertUSA.com. The select information needed appears on the attached forms. The purpose of this program is to improve the client/caregiver's knowledge regarding their medications and disease states. This program also works with you, the prescriber, and the patient to optimize pharmaceutical care and reduce the risk of adverse drug events. The requested information will be used for patient education and for on-going patient assessment and monitoring and recommendations for optimizing drug therapy through a thorough medication therapy management approach with recommendations submitted for your review and evaluation.

Patient Name: _____ DOB: _____
Address: _____ SS# _____
City _____
State _____ zipcode _____

I, _____, authorize the release of the requested information to ACPS/RxPertUSA.com, Charles S. Feucht, PD, FASCP for the above stated purpose. Please forward the requested information by facsimile to ACPS/RxPertUSA.com at (337) 546-0900

Thank You for your cooperation and immediate attention to this matter