



RXPert USA/ACPS

Charles S. Feucht, PD, FASCP



Confidential

Confidential

Request for Release of Pharmacy Records

Date _____

Dear _____,

This form is to request and authorize the release of a print-out indicating medications dispensed during the past 12 months for the patient named below who is a client of yours and of ACPS/RxPertUSA.com. The purpose of this program is to work with the patient to optimize pharmaceutical care and reduce the risk of adverse events. The requested information will be used for patient education and for on-going patient assessment and monitoring and to make recommendations for optimizing drug therapy through a thorough medication therapy management approach with recommendations submitted to the patients's physician.

Patient Name: _____ DOB: _____

Address: _____
_____ SS# _____

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

or e-mail to rxinfo@rxpertusa.com Thank You for your cooperation and immediate attention to this matter