

RxPERT USA

RxPertUSA.com Senior Care Services Referral Request Form

Date: _____

Patient Name: _____

Primary Physician: _____

Physician Phone: _____

Physician Fax: _____

Please check one:

- I request the Senior Care Pharmacist review the medications for the above-named patient and submit his/her Drug Therapy Management Recommendations to me for final approval.
- I do not wish the Senior Care Pharmacist to review the medications for the above-named patient and offer his/her Drug Therapy Management Recommendations to me for my approval or disapproval.

Primary Physician Signature: _____

Please fax this form to (337) 546-0900 or return to patient or patient representative for presentation to RxPertUSA.

Thank you.



Charles S. Feucht, PD, FASCP

Senior Care Pharmacist
P.O. Box 1288, 440 North Second St. Eunice, LA 70535. Office: (337) 457-4604,
Fax: (337) 546-0900, Cellular: (337) 344-2297