



## Moose MAP Referral

### Referral Steps:

1. Please complete the information on this form OR call Moose Pharmacy at 704-784-9613. Selection Option #3 to speak directly to a pharmacy representative
2. Please fax this form to Moose Pharmacy at 704-789-9366
3. Inform the patient that someone from Moose Pharmacy will contact them within 48 hours

PATIENT INFORMATION	
Patient Name	
Date of Birth	
Street Address	
Patient Phone Number	
Patient Insurance	
Patient Allergies	

**Source of Program Referral:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

### Reason for Referral (Please check all appropriate boxes):

- |  |  |
|--|--|
| <input type="checkbox"/> Evaluate Adherence                        | <input type="checkbox"/> Elderly                 |
| <input type="checkbox"/> Check medications by multiple prescribers | <input type="checkbox"/> Post hospital discharge |
| <input type="checkbox"/> > 3 co-existing disease states            | <input type="checkbox"/> Adverse events          |

PROVIDER INFORMATION	
Provider Name	
Phone Number	

**\* Please attach a copy of the patient's medication list and most recent laboratory results**