

Medication Update Form

KEEPING THE PROFILE CURRENT

Fairview Pharmacy maintains a complete, current medication profile for the patient below so pill packs, med sync, and adherence reporting stay accurate. Please note any changes made at today's visit and fax this form back. One minute now prevents a wrong pack later.

01 PATIENT AND PRESCRIBER CONTACT

PATIENT NAME	DATE OF BIRTH	DATE OF VISIT
PRESCRIBER FAX	BEST CONTACT AT PRACTICE (NAME)	

02 MEDICATION CHANGES (CHECK WHAT HAPPENED, NOTE THE NEW INSTRUCTION)

MEDICATION AND STRENGTH	CHANGE	NEW DOSE OR DIRECTIONS	EFFECTIVE
	☐ Added ☐ Stopped ☐ Hold ☐ Dose change ☐ Directions		
	☐ Added ☐ Stopped ☐ Hold ☐ Dose change ☐ Directions		
	☐ Added ☐ Stopped ☐ Hold ☐ Dose change ☐ Directions		
	☐ Added ☐ Stopped ☐ Hold ☐ Dose change ☐ Directions		
	☐ Added ☐ Stopped ☐ Hold ☐ Dose change ☐ Directions		

☐ A new prescription has been sent separately ☐ No new prescription needed, act on this form

03 NO CHANGES AND ALLERGY UPDATES

☐ No medication changes were made at this visit. Profile is current as charted.

ALLERGY ADDITIONS OR CHANGES (IF ANY)	PATIENT'S NEXT APPOINTMENT

04 AUTHORIZATION

PRESCRIBER NAME	PRESCRIBER OR STAFF SIGNATURE	COMPLETED BY (STAFF NAME)	DATE

05 NOTES (OPTIONAL)

CONFIDENTIALITY NOTICE. This facsimile, and any documents accompanying it, contain confidential health information protected under the Health Insurance Portability and Accountability Act (HIPAA) and is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this fax is strictly prohibited. If you have received this fax in error, please notify us immediately by phone at 601 544 4871 to arrange for return or destruction of the documents, and do not retain any copy.

FAX COMPLETED FORM TO

601 583 2298

QUESTIONS: 601 544 4871

Adherence performance, January to May 2026: diabetes 100%, cholesterol 99.3%, blood pressure 97.8%. EQUIPP verified from claims data. Full scorecard at fairviewpharm.com/providers.

This form is a communication between healthcare providers for treatment and medication reconciliation purposes under HIPAA, and is a reconciliation notice, not a prescription. Changes noted here update the patient's dispensing profile at Fairview Pharmacy, including pill pack contents and refill synchronization. For urgent changes, call 601 544 4871 and ask for the pharmacist.

