|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FAX** | | | | | | |  | | | **FAX TEMPLATE EXAMPLE** | | |
| **To:** | |  | | | | | **From:** | | |  | | |
| **Fax:** | |  | | | | | **Pages:** | | |  | | |
| **Phone:** | |  | | | | | **Date:** | | |  | | |
| **Re:** | |  | | | | | **CC:** | | |  | | |
|  |  | |  |  |  |  | |  |  | |  |  |

**Dear Community Pharmacist,**

Your patient is being discharged today from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hospital), \_\_\_\_\_\_\_\_\_\_\_\_ (unit)

The following documents are included with this fax:

* Discharge prescription(s)
* Patient discharge medication list
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please dispense the new prescription(s) in:

* Vials/bottles
* Weekly compliance/blister package
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient needs the prescriptions today or by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

* Patient would like them delivered
* Caregiver will call before pick-up

(Please follow-up directly with patient/caregiver if they have not picked up the prescriptions)

**Additional information:**

For discontinued/stopped medications, please deactivate remaining refills and remind the patient to dispose of any remaining stopped medication(s). Please provide a medication review by phone or video call within 2 weeks of discharge to ensure the patient /caregiver understands the new medication regimen.

If you have any questions or require clarifications about the discharge medication plan or prescriptions, please call:

Contact:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Direct Phone Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This transmittal is for the sole use of the intended recipient. Please ensure the secure and confidential use of all content for the explicit purposes for which it was obtained, and any distribution or other use is prohibited. If you are not the intended recipient please contact the sender immediately, destroy this copy, and delete this message permanently from your system. Thank You.

Adapted from ISMP Canada’s Hospital to Home—Facilitating Medication Safety at Transitions Toolkit: <https://www.ismp-canada.org/transitions/>