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| **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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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