



Legacy Health System
[Click here and type location]
[Click here and type department]
[Click here and type address]
[Click here and type city, state, zip code]

Fax

Date:

To:

From:

Fax No:

Phone No:

CC:

Pages:

Subject: Medication Reconciliation Home Medication List

Urgent For Review Please Comment Please Reply Please Recycle

● Comments:

The following pages contain a list of discharge medications for one of your clinic patients. Your patient was recently admitted to (or entered into) Legacy Health System. This is his/her current list of medications to be taken upon discharge/release. The Joint Commission requires all accredited hospitals to send this information to the patient's primary care provider (or next provider of service) upon discharge.

This communication, including any attachments, contains information that may be confidential or privileged, and is intended solely for the entity or individual to whom it is addressed. If you are not the intended recipient, you should contact the sender and destroy this message. Any unauthorized disclosure, copying, or distribution of this message is strictly prohibited.