

Legacy Health System
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Fax

Date:				
То:		From:		
Fax No:	Phone No:			
CC:		Pages:		
Subject:	Medication Reconciliation Home Medication List			
□ Urgent	☐ For Review	☐ Please Comment	☐ Please Reply	☐ Please Recycle

• Comments:

Legacy Health System is requesting your assistance with the collection of an accurate home medication list for one of your patients/clients. The Joint Commission requires that all accredited hospitals collect and document a list of their patients' home medications upon admission to (or entry into) Legacy. The patient is not able to provide the complete list of information to us, but s/he has provided us with your pharmacy name in order to obtain the most complete medication information possible. We are requesting the name of the medication, dose, route, and frequency for all current medications. Thank you for your assistance with this matter.

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