

# Medication Synchronization Notification

Patient medication list attached for review

Date \_\_\_\_\_

Prescriber \_\_\_\_\_ Fax \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Our mutual patient has chosen to participate in SimpleSync™, a program which helps enhance their overall care by coordinating all of their medications into one monthly pickup or delivery. SimpleSync is being used in an effort to help improve the patient's adherence and management of your prescribed medication regimen. It will also help us to streamline communication to your office by proactively ensuring the patient has refills available for all their medications.

**I have reviewed the patient's prescriptions filled at our pharmacy and attached a current medication list for your review.**

We would like to ensure that the medications we will supply to this patient are accurate and complete. Notify us by fax or phone if there are any discrepancies between the medications listed on the attached page and your records. Also, please send any new prescriptions and/or future changes to our pharmacy.

Please do not hesitate to contact us with any questions.

Pharmacist Signature \_\_\_\_\_ Date \_\_\_\_\_

YOUR PHARMACY NAME  
OR LOGO HERE

Thank you for partnering with [Your Health Mart Pharmacy] to improve medication adherence and patient care. Please call us with any questions at [Insert Phone Number]



[INSERT PHARMACIST'S NAME]  
1234 MAIN STREET  
ANYTOWN, ST 00000

PHONE 415.555.1212  
FAX 415.555.1212  
@ PHARMACY WEBSITE

If you no longer want to receive faxes from [insert name of pharmacy] and want your name and fax number removed from the distribution list, please call [insert phone number]. Alternatively, to opt out of receiving faxes, fax this document to [insert fax number], and check the box below. In order to process your opt-out request, you must provide us the fax number for which the opt-out request applies. Pursuant to applicable law, we must process your request within the shortest reasonable time, not to exceed 30 days. Your opt-out request may be revoked if you subsequently provide us with express invitation or permission, in writing or otherwise, to send advertisements to that fax number.

☐ Fax Opt Out Fax Number \_\_\_\_\_