



Referral for Medical Benefits Schedule Item 903

Dr (GP NAME),

Residential Medication Management Reviews at Facility: (ACF NAME)

Dear Embedded Health Solutions team,

Please can you conduct RMMRs for the following residents under my care:

Doctor's Signature:.....

Provider Number:.....

Date:.....

Please return **completed** and **signed** referrals via email to referral@embeddedhealth.com.au or alternatively fax to 03 8678 3299

1.01, 3 Joseph Ave, Mentone VIC 3194

Phone: 03 9563 4212

Fax: 03 8678 3299

Email: info@embeddedhealth.com.au

www.embeddedhealth.com.au