

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:

Resident	Date of Last RMMR	IF RMMR REQUIRED, PLEASE TICK <u>AT LEAST ONE</u> REASON PER RESIDENT							
		New Admission	Recent Hospitalisation	Usage of high-risk medications	Polypharmacy	Suspected Adverse effect	Subtherapeutic response	Change in medical conditions/abilities	Others, please specify

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