

Physician Notification Form

Dear Physician and Staff,

Our Pharmacist would like to inform you that on _____ (date) your patient
_____ (name) received _____ (Influenza / GAS
Pharyngitis) test at _____ (name of pharmacy) and the result was _____
(positive/negative).

For Positive test results only:

The patient was furnished _____ (medication name, dose, duration of
treatment) for the treatment of their infection, will be closely monitored by our Pharmacist for
the course of therapy, and referred to you when necessary. The Pharmacist will follow-up with
patient on _____ regarding any medication-related questions.

We are thrilled to join forces with our local Physicians in bettering the health of our community!
Please don't hesitate to contact us if you have any questions, comments, or concerns.

Sincerely,

_____ (pharmacist/ pharmacy)

_____ (address)

_____ (phone)

_____ (fax)