



Melinda Matthews

The Gut Guru

OPTIMAL HEALTH OUTCOMES AUSTRALIA

Consultant Clinical Pharmacist & Integrative Natural Health Practitioner

**B. Medications Management (Prof Hons Comp Med) B. Pharm MPS AACPA. Cert IV TAE & Life Coaching (Spec. Health)
Advanced PainWise Pharmacist**

DATE _____

Dear DR

As part of our commitment to optimal patient health we offer Home Medication Review with our Accredited Consultant Pharmacist, collaborating to achieve best possible health outcomes and reduce the risk of preventable adverse reactions.

Your patient

NAME

ADDRESS

DOB

MEDICARE

PHONE

SIGNATURE

DATE

Has requested access to this service and consents to providing of medical information for this purpose.

To enable eligible Medicare funding, please complete this form and fax to 0395871033 or email to ohoa@bigpond.com

Along with relevant health information including **Health Summary and Pathology.**

YES, Please Provide Home Medication Review for my Patient.
Please sign and return

Doctors Signature _____ Date _____

NO, Not at this time. Please return this page for our records

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