

Clinician Contact Form

(for clinical issues – not refill requests)

Email to ffcoordinator@gmail.com or fax to 225-231-7160

Please remember to allow 48 hours (excluding Holidays and weekends) for your concern to be addressed. Thank you.

Date _____

Clinician Name _____

Patient Name _____

Your Name _____ and preferred contact regarding issue (please fill in one blank below)

Email _____

Phone _____

Fax _____

Last appointment with clinician _____

Next appointment with clinician _____

Medications (please list one medication per line and include doses and dosing frequency):

Recent observations and concerns (please include observations regarding any changes that patient may be experiencing, when they started, issues that may be related to changes in any way, nature of sleep, etc. It is helpful to list issues in numeric order):

Pharmacy information – name, location, phone, and fax (if applicable)