

PATIENT'S NAME:

SERVICES:

O Prescription Renewal/ **Fxtension**

O Prescription Adaptation

O Therapeutic Substitution **Emergency Prescribing**

Minor Ailment Assessment **Basic Medication Review**

Advanced Medication Review

O Advanced Medication Review Follow-up

Point of Care Lab Test Administration Annual Medication or

Chronic Disease Care Plan O Annual Care Plan Follow-up

Consultation O Administration of Drugs by Injection (excludes drug cost)

O Health Coaching or Preventative Services

O Smoking Cessation Program Annual limits and/or copays may apply