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2. **Any side effects/compliance issues currently?**
3. **Do you need every item today? How much stock do you have at home?**

***Note: Next collection date should be decided, based on question 3 above.*** | Bag Label |
| **Disp. Event** | **Predicted Collection Date** | **Dispense Date** | **Actual Collection Date** | **Notes** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |
| **TSR Send Date** |  | **New Rx Start Date** |  |  |

|  |  |
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