

Name: _____ CHI No: _____

Collection Questions:

1. Anything changed with your meds since last time?
2. Any side effects/compliance issues currently?
3. Do you need every item today? How much medicine do you have at home?

Note: - Next collection date should be decided based on question 3 above.

- If there is difference of +/- 7 days between dates, refer to pharmacist as this may flag compliance issues.



Disp. Event	Dispensed Date	Predicted Collection Date	Actual Collection Date	Notes	Claim (✓)
1					
2					
3					
4					
5					
6					
7					
TSR Send Date		New Rx Start Date			

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