ND MEDICAID MEDICATION THERAPY MANAGEMENT (MTM)
SUBSEQUENT VISIT - PRESCRIBER SUMMARY COVER

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 1109 (3-2016)

Prescriber Name			
Address	City	State	ZIP Code
Patient Name		Date of Birth	
The purpose of this letter is to report the findings of a MTM visit with the above named patient.			
Attached for your information is: A complete medication record as related by the patient A copy of the MTM encounter summary report for the above named patient's visit			
Date of Visit	Time of Visit		
The summary report may contain patient specific medication recommendations. If you have questions regarding information contained in this report, please contact me directly.			
Date of patient's next scheduled MTM visit	Time of Visit		
Pharmacy Primary Telephone Number	Pharmacy Alternate Telephone Number		
MTM Provider Name	Name of Pharmacy		
Address	City	State	ZIP Code
Pharmacy Telephone Number	Pharmacy Fax Number		