INDICATION
(Description and history of the present illness or medical condition including previous approaches to treatment and responses)

GOALS OF THERAPY (improvement or normalization of signs/symptoms/laboratory tests or reduction of risk)
1.
2.

DRUG THERAPY PROBLEMS to be resolved

☐ None at this time

Therapeutic Alternatives (to resolve the drug therapy problem)
1.
2.

PHARMACOTHERAPY PLAN (Includes current drug therapies and changes)

<table>
<thead>
<tr>
<th>MEDICATIONS (DRUG PRODUCTS)</th>
<th>DOSAGE INSTRUCTIONS (DOSE, ROUTE, FREQUENCY, DURATION)</th>
<th>NOTES CHANGES</th>
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Other interventions to optimize drug therapy

SCHEDULE FOR NEXT FOLLOW-UP EVALUATION: