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|  | 送付先： | | | 長崎県五島中央病院　地域連携室 | | | | | | | | | | | | |
|  |  | | | FAX 0959-75-0657 | | | | | | | | |  | | | |
|  | 貴施設→地域連携室→（薬局）→医師 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | 服薬情報提供書 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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|  | | | | | | | | | | | | 報告日 | | | | |  | | | | 年 |  | | 月 |  | | 日 | |  |
|  | <注意>このFAXによる情報提供は、疑義照会ではありません。疑義照会は通常通り電話連絡にてお願いします。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 情報提供先医療機関名　　長崎県五島中央病院 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
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| 担当医 | | | 先生御机下 | | | | |  | | | | | | | | | | | | | | | | | |  |
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| 患者ID | | | 性別（当てはまる項目に☑） | | | | | |  |
|  | | |  | | | | | | | | | | | 電話 | |  | | | | | | | | | | | | | | | |  |
| 患者氏名 | | | （ 男　・女） | | | | | |  |
|  | | |  | | | |  |  | |  |  | |  |  | | | | | | FAX | |  | | | | | | | | | | | | | | | |  |
| 生年月日 | | | 年 | 月 | 日 |  |
| 患者からの同意（当てはまる項目に☑） | | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | | | | | | | | | | ㊞ | |  |
|  | 得た | |  | | | | | | | | | | | 薬剤師名 | | | |  |
|  | 得ていませんが、治療上重要と考えられるため報告いたします。 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
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| 処方箋発行日 | | | | | 年 | 月 | 日 |  | | | | 調剤日 | | |  | | 年 | 月 | 日 |  |
| 情報提供内容（当てはまる項目に☑） | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 1 処方薬剤の情報（併用薬剤等の有無を含む） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 2 処方薬剤の服薬状況や、それに対する指導の情報 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 3 患者の訴え、患者の薬剤服用に対する意向に関する情報 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 4 症状等に関する家族、介護者からの情報 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 5 薬剤に関する提案 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 6 その他特記すべき事項（薬剤保管状況等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 提供情報の概要・詳細 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 薬局からの提案 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 2023年8月作成 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 長崎県五島中央病院　薬局 | | | | | | | | | |  |
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