Referral for Medical Benefits Schedule
Item 903

Dr

Level 2, 411 Collins Street, Melbourne VIC 3000
Phone: (03) 9072 3900
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Email: referral@embeddedhealth.com.au
Web: www.embeddedhealth.com.au

Residential Medication Management Reviews at Facility:

Dear Embedded Health Solutions team,
Please can you conduct RMMRs for the following residents under my care:

Resident Name		Date of Last Review	IF RMMR REQUIRED, PLEASE TICK **AT LEAST ONE** REASON PER RESIDENT								
			New Admission	Hospital Discharge	Initiation of High-Risk Medications	Suspected Adverse effect	Sub Therapeutic Response	Change in Medical Condition or Abilities	Polypharmacy / Other (please note)	**Doctors Initials** (*please initial each approved resident*)	**Date**

Provider Number: _____

Please return **completed** and **signed** referrals via email to referral@embeddedhealth.com.au or alternatively fax to 03 8678 3299