## Healthcare Provider Notification of Antimicrobial Stewardship Recommendation

**T**-.



| 10:       |                     |                        |                              |                                    |
|-----------|---------------------|------------------------|------------------------------|------------------------------------|
| Teleph    | one Number:         |                        |                              |                                    |
| Fax Nu    | ımber:              |                        |                              |                                    |
| Pages:    |                     |                        |                              |                                    |
| Date (    | YYYY/MM/DD):        |                        |                              |                                    |
|           |                     |                        |                              |                                    |
| Re:       | Patient Name:       |                        |                              |                                    |
|           | Patient Date of     | Birth:                 |                              |                                    |
|           | Patient Telepho     | ne Number:             |                              |                                    |
|           |                     |                        |                              |                                    |
|           |                     |                        |                              |                                    |
|           |                     |                        |                              |                                    |
| 0         |                     |                        |                              | ()()()() / MM / DD                 |
|           | utual patient not   | ted above received a p | prescription on              | (YYYY / MM / DD)                   |
| for:      |                     |                        |                              |                                    |
| As vou    | ı know. antimicro   | bial stewardship aims  | s to improve health outcon   | nes, prevent adverse effects,      |
| -         |                     | •                      | •                            | e use of antibiotics that produces |
|           | nt strains of bact  | •                      |                              |                                    |
|           |                     |                        |                              |                                    |
| As act    | ive antimicrobial   | stewards, prescribers  | and pharmacists can colla    | borate to ensure the appropriate   |
| antibio   | otic, dose, frequei | ncy, duration, and rou | te of administration are pre | escribed for the patient to treat  |
| the ba    | cterial infection.  |                        |                              |                                    |
|           |                     |                        |                              |                                    |
| Please    | see attached Ph     | narmacist Worksheet.   |                              |                                    |
|           |                     |                        |                              |                                    |
|           |                     |                        |                              |                                    |
|           |                     |                        |                              |                                    |
|           |                     |                        |                              |                                    |
| <br>Dharm | acy Name            | <br>Telephone          | <br>Fax                      | <br>Date                           |
| i Hallill | acy Name            | ietepriorie            | Tux                          | Date                               |

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