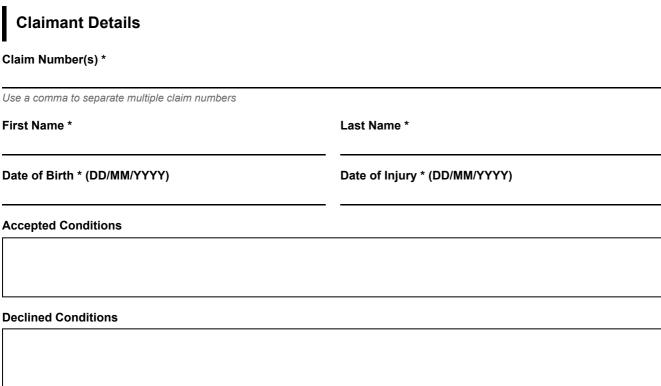
### **Referral Form**

Independent Med Management | Phone: 02 4036 5333 | Email: admin@imedmanagement.com.au

Secure & Confidential

**Service Required** 

# Select the service you need for this case: Pharmacy Review Independent pharmacist opinion on medication appropriateness, risks, and alternatives for a specific claim Medication Management Medication optimisation and risk management for high-risk medication cases Other Services Specialized services including case conferencing and legacy options If "Other Services" selected, specify: Primary Assessment Medicinal Cannabis Management Program (MCMP) Case Conference Other (please specify below) If "Other", please describe the service you need: Claimant Details Claim Number(s) \*





## Referrer Details

Filliary Contact	
Name *	Job Title *
Phone *	Email *
Company Name *	Generic Company Email *
Add Team Lead / IMA / IMS Details (Optional)	
Name	Job Title
Phone	Email



# **Treatment Providers (Optional)**

### **Treating Doctors**

Doctor 1					
Title	Name				
Dr, Professor, Mr, I Ms, Miss	Mrs,				
Phone			Clinic Name		
Specialty					
e.g., General Prac	titioner (GP), Pain Spe	ecialist, Orthopaedic S	Surgeon, etc.		
Doctor 2 (if app	licable)				
Title	Name				
Phone			Clinic Name		
Specialty					
harmacies					
Pharmacy 1					
Pharmacy Nam	е				
Phone		Email		Fax	
Address		_			
Pharmacy 2 (if	applicable)				
Pharmacy Nam	е				
Phone		Email		Fax	
Address					



Reason For Referral  Questions for IMM Pharmacist	
Questions for IMM Pharmacist	
Questions for IMM Pharmacist	
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<b>Supporting Documents:</b> Please email relevant documents (medication lists, medical reports, etc.) to admin@imedmanagement.com.au with the claim number in the subject line.	

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