

GP REFERRAL

Residential Medication Management Review (RMMR)

This form may be used for referring new residents on admission or to refer residents for an RMMR due to Special Circumstances*

Facility Name:			
To: Chris Bonner, Michael Bonner: Choice QUM Contracted RMMR Pharmacists			
Please conduct an RMMR on the following resident(s)			
Resident Name	Date of Birth	Indicate any Special Circumstance	
When complete, please send me the RMMR report as follows:			
<input type="checkbox"/> Written report left at facility	<input type="checkbox"/> By Email	<input type="checkbox"/> By mail	<input type="checkbox"/> By Fax
<input type="checkbox"/> Phone me on _____, to discuss reports			
Doctor Name		Provider Number	
Dr's Signature		Date/...../.....	
Dr's Fax /Email			

Further information may be obtained by emailing: rmmr@choicequm.com.au or phoning
 Chris Bonner MClinPharm BPharm Ph: 07 3279 2247 0427 299 443
 Michael Bonner BPharm, BBusMgt Ph: 07 3368 1130 0417 953 536

MBS item 903 for RMMR:
<http://www9.health.gov.au//mbs/search.cfm?q=903&sopt=s>
 Participation by a medical practitioner in a collaborative RMMR for a permanent resident of an ACF
 Benefits under this item are payable for one RMMR service for new residents on admission to a Residential Aged Care Facility and for continuing residents on an as required basis, with a maximum of one RMMR for a resident in any 12 month period, except where there has been a **significant change in medical condition or medication regimen requiring a new RMMR.***

Fax completed form to 07 3279 6135