**<ＦＡＸ送信先>　和歌山県立医科大学附属病院薬剤部　　073-441-0821**

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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 服薬情報提供書（トレーシングレポート） | | | | | | | | | |  |  | |  |  | |  |  | | |  |  | |  |  | | 報告日 | 年　　　月　　　日 | | |  |  | |  |  | |  |  | | | 病 院 名 | 和歌山県立医科大学附属病院 | | |  | | 薬 局 名 | 薬局 | | | FAX送信先 | ０７３－４４１－０８２１（薬剤部） | | |  | | 連絡先（TEL） | (　　　　　）　　　　　- | | | 診療科名 | 科 | | |  | | （FAX） | (　　　　　）　　　　　- | | | 処 方 医 | 宛 | | |  | | 薬剤師名 |  | | |  |  | |  |  | |  |  | | | 【患者情報 ・ 提案 ・ 報告】 | | |  |  | |  |  | | | ＩＤ番号 | | 患者氏名 | | | 生年月日  年　　月　　　日 | | | 処方日  年　　月　　　日 | | この報告に対する患者同意 | | □有り　　　　□無し（診療上必要と認められたため情報提供します） | | | | | | | | 件名 | | | | | | | | | | 理由・詳細・提案（簡潔に記入）　　※処方箋を添付してください | | | | | | | | | | <注意>トレーシングレポートは疑義照会ではありません。疑義照会は通常の通り電話にてお願いします。 | | | | | | | | | | 【必要時返信欄（医師記入欄）】 | | | | | | | | | | □報告内容を確認　　□次回から提案通りの内容に変更　　□現状のまま継続し、経過観察 | | | | | | | | | |  | | | | | | | | | |