

**Physician's Notice of**  
**Patient's Non-Compliance with Prescription Orders**

DiversifyRx Demo Pharmacy  
123 Main Street  
Dallas, TX 75067

**Phone: 800-222-1212**

**Fax: 800-222-1212**

Date: \_\_\_\_\_ Patient's Phone Number: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Information for Physician: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's  
Fax Number: \_\_\_\_\_

**Reasons for Non-Compliance**

- |   |  |
|---|--|
| 1 | <input type="checkbox"/> Cost of Medication  |
| 2 | <input type="checkbox"/> Does not understand directions and/or need for prescription |
| 3 | <input type="checkbox"/> Complains of side effects                                   |
| 4 | <input type="checkbox"/> Has not or does not wish to refill prescription             |
| 5 | <input type="checkbox"/> Complex drug regimen, patient is confused                   |
| 6 | <input type="checkbox"/> Takes medication sporadically                               |
| 7 | <input type="checkbox"/> Medication duplication                                      |
| 8 | <input type="checkbox"/> Other   |

**More Information/Explanation**

**Pharmacist's Recommendations**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_