



Primary Physician Coordination of Care - Change in Medication

Doctor: _____ Date: _____

Address: _____

City/State/Zip _____

Re: _____ DOB: _____

Dear Dr. _____

This is to inform you that the above-named patient has had a psychiatric appointment with the following changes in medications made by Dr. Violetta Galecka:

The patient has signed a release allowing further contact between us. Please feel free to contact me for any questions or coordination of care.

Clinician: _____
(please print)

Phone Number: _____

Clinician Signature/Credential