

Consultation

2544 McLeod Dr. N.
Saginaw MI, 48604
(989) 791 – 1691
www.healthwayrx.com



Alec Weir, MD
Edward Wright, PharmD
ABAAHP, FAAMM

Today's Date: ____/____/____	
Patient Name: _____	Birth date: ____/____/____ Age: ____
Address: _____	
City: _____	State: _____
Zip: _____	Phone: _____
Email: _____	
Marital Status: _____ Married _____ Single _____ Widowed	
Occupation: _____	
Height: _____	Weight: _____
Additional Doctor/Provider Name(s): <i>*Please include address and phone number</i>	
Allergies: <i>*Please describe the allergic reaction you experienced and when it occurred</i>	

Medical History:	
Family History:	
Tobacco use? YES_____ NO_____	
If yes, what type and how much daily?	
Alcohol use? YES_____ NO_____	
If yes, what type and how much daily?	
Caffeine use? YES_____ NO_____	
If yes, what type and how much daily?	
Current Prescription Medications:	
Current Over the Counter Medication and Supplements/Vitamins:	

Informed Consent

I understand that **Edward Wright, PharmD** is initiating and/or managing therapy under the collaborative practice under the Michigan Public Health Code, with **Alec Weir, MD** (Physician)

Edward Wright, PharmD, practicing at Healthway Pharmacy will charge a

- 1. \$188.50 for 30 minutes consultation fee and follow up visit(s)
 - COVID Treatment
 - Long COVID/Long Hau
- 2. \$137.00 for 15 minutes consultation fee and follow up visit(s)
 - Weight Loss
 - Hair Loss
 - Acnel

Payment due after services rendered

Prescriptions will be authorized for a 6 month period after which an additional visit will be required unless otherwise agreed upon by practicing providers.

Edward Wright, PharmD, will maintain all patient records and document communications and share them with **Alec Weir, MD** (Physician)

Compounded Medications are used as an “off label” therapy to treat multiple conditions and are not FDA approved to treat your condition.

Patient Name (printed)

Date of Consent

Patient Name (signature)

Date