

The Pill Cutter

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A consultation service for patients on (too) many medications

I would like to help you reduce the number of medications you take, or at least reduce the cost of those medications.

I need your medical history- please provide the following:

1. A list of your diagnoses and status of those diseases. Please also provide your surgical history.
2. Drug and food allergies and intolerances, including what happens when you take those.
3. Contact information for your doctors (primary care and specialists).
4. A perfectly accurate medication list including over the counter meds and supplements with doses and the time of day they are taken (including whether it is before or after food). If you are a Mills-Peninsula patient, I should have that available already but please check for accuracy (you are given a print out of the med list when you are discharged from the ER or the hospital).
5. Information about diet is helpful- do you eat lots of vegetables? Fruits? Which ones and how many servings per day? Is there anything else you take in regularly, like salty food, licorice, vinegar?

Don't forget tylenol, aspirin, advil, Metamucil, inhalers, and regularly consumed alcohol, caffeine, and grapefruit juice.

I will review this information and see if reduction of the number or costliness of the medications is possible. Let me know if there are medications that you absolutely do not want to exclude or substitute. I will check with your doctors as needed before presenting you with results. There may be no room for improvement, so apologies in advance if I am unable to make any meaningful changes. At the very least, you may feel better knowing that you are on the best and least expensive possible regimen.

Cost of this consultation is as follows:

Email and/or fax option is \$50 less than phone or mail option. Face to face time adds \$100 per 30 minutes.

\$250 for up to 15 medications (including over the counter and supplements other than one multivitamin) and up to two doctors to be contacted for approval.

\$350 for more than 15 meds with supplements and up to three doctors to be contacted for approval of any changes.

Add \$50 for each doctor requiring contact over that listed above. I will need a credit card on file.

Here is an outline of the critical information I need. You can provide this in any form you like or print this page. Email it to me at tammyfoster@pol.net or fax to 415-520-0159 or mail to 207 Ripley St San Francisco, CA 94110. I'll work hard to see if I can improve your pill situation. (: Thank you!

Name

DOB

Height

Weight

Phone:

Cell:

Email:

Fax:

Pharmacy of choice:

Other pharmacy options (do you have costco subscription? Are you open to internet ordering of meds and/or mail delivery?)

Primary Care Doc

Specialists

Diagnoses with status of the problem (stable, cured, symptomatic)

Surgeries

Allergies/intolerances and what happened? What meds have failed in past?

Meds- attach separate sheet, must be perfectly accurate and tell me time of day, with/without food, what you tend to take it with (especially if grapefruit juice)

OTC Meds including aspirin, Tylenol, advil, Metamucil, "As needed" meds with reasons and how often?

Supplements and reasons for taking

Meds you don't want reduced/excluded/substituted

Habits- coffee, alcohol, smoking, drugs, excess salt, excess sugar, black licorice, vinegar use, other?

Exercise/Activity

Diet- how much leafy green vegetable, grapefruit or grapefruit juice, other things highly salty, acidic, or frequent

Fluid intake, urinary and bowel habits/problems (constipation, nighttime urination)

Credit Card Number with Exp date