

# Medication Monitoring Feedback Loop Form

(McFloop)

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**TO:** \_\_\_\_\_  
**Treating Physician**

**FROM:** **Medication Monitoring Committee**

**RE:** **Program Name** \_\_\_\_\_

**Patient Name** \_\_\_\_\_

**Case #** \_\_\_\_\_

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**Summary of Recommendations/Requests for Action:**

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**Reviewer Signature & Discipline**

**Date**

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**Response/ Action taken by Treating Physician to Committee**  
(Written documentation/proof must be provided within 2 weeks)

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**Physician Signature & Discipline**

**Date**

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**Verification of Physician Response**

**Approved**

**Disapproved** (Forwarded to Medical Director)

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**Reviewer Signature & Discipline**

**Date**