



**Resident Centered Medication Safety (RCMS)**  
Antibiotic Stewardship Provider Prescribing  
Provider Feedback Form

---

To: \_\_\_\_\_ (Provider Name)

From: \_\_\_\_\_ (Facility Infection Control Specialist)

**Re: Antibiotic Stewardship**

\_\_\_\_\_ is committed to improving antibiotic use in our facility by using the attached best practice prescribing guidelines.

As part of reviewing quality in antibiotic prescribing, your patients' recent antibiotic use was collected.

**Please review the enclosed Antibiotic Stewardship report listing patients that were prescribed antibiotics that did not meet Loeb's criteria.**

Your feedback is valued. Please contact us to discuss any questions or concerns you have about the antibiotic prescribing guidelines at our facility.

Thank you for your continued commitment to using best practice prescribing guidelines with our residents.

Sincerely,

\_\_\_\_\_, MD  
Medical Director, \_\_\_\_\_ (facility name)

\_\_\_\_\_, RN, BSN  
Director of Nursing, \_\_\_\_\_ (facility)  
\_\_\_\_\_ (contact information)

\_\_\_\_\_, RN  
Infection Preventionist, \_\_\_\_\_ (facility)  
\_\_\_\_\_ (Contact information)