Tunde Bakare, PharmD, RPh

tunde.bakare@email.com · (614) 555-0162 · Columbus, OH · linkedin.com/in/tundebakare

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Dr. Kessler
OhioHealth Riverside Methodist Hospital, Outpatient Pharmacy
Columbus, OH

Re: Outpatient Pharmacist, Meds to Beds

Dear Dr. Kessler,

Your Meds to Beds program puts a pharmacist at the bedside before discharge, which is where most of the problems I catch in community pharmacy start. After eight years of fixing discharge prescriptions at the counter, I would like to work on them before the patient leaves Riverside.

For the past five years I have been pharmacist in charge at a Kroger pharmacy in Hilliard that fills about 310 prescriptions a day. I supervise two staff pharmacists and six technicians, and our last Ohio Board of Pharmacy inspection closed with no findings. I check OARRS on every opioid and benzodiazepine prescription and called prescribers on more than 60 C-II orders last year. Discharge scripts with missing quantities, duplicate therapy or nonformulary products are a weekly part of that work, and so are the prior authorizations that follow.

I also know how to get time with patients in a busy workflow. In 2025 I completed 212 comprehensive medication reviews and gave 1,140 immunizations during the fall season, while keeping verification on schedule. I would bring that same counseling habit to discharge teaching for anticoagulants, inhalers and new insulin starts.

I have not worked in Epic Willow yet and would welcome the training. I would be glad to talk through how your team handles discharge queue timing and where a community-trained pharmacist can help most.

Sincerely,

Tunde Bakare, PharmD, RPh