

**FAX**

**TO: PharMerica®**

Number of Pages:
Date:
Name:

**PHONE: 518-452-7795**  
**FAX: 1-844-331-4153**

List of Medications Below needed for split:

From:
Phone:
Fax:
Contact Name:
Medication Name:
Special Instructions:
Split Package    YES <input type="checkbox"/> NO <input type="checkbox"/>
For Program:
Packaging: <b>Blister Pack</b>
Number of Doses:
Packaging: <b>Safety Cap/Vial</b>
Number of Doses:

This transmittal is intended only for the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, or its employee or agent of responsible for delivering the communications to the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone. Thank you.