

**PharMerica Senior Living Pharmacy**  
**Fax Cover Page**

FYV



TO: \_\_\_\_\_ FROM: \_\_\_\_\_  
FAX #: \_\_\_\_\_ UNIT: \_\_\_\_\_ # PAGES: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ DATE: \_\_\_\_\_  
RESIDENT NAME: \_\_\_\_\_  
STAFF NAME: \_\_\_\_\_

**Please check all that apply:**

- NEW MOVE-IN (Must include all items and indicate on physician orders medications to be filled):
  - Face Sheet
  - Allergies
  - Insurance card
  - Enrollment form
  - Valid physician orders
- NEW ORDERS – SEND MEDICATIONS
- NEW ORDERS – ONE-TIME ONLY EMERGENCY: Quantity \_\_\_\_\_
- SELF-ADMINISTER:  NEW ORDER – SEND MEDS  PROFILE ONLY
- DISCONTINUE MEDICATIONS: See orders attached; DC Date: \_\_\_\_\_
- PROFILE ONLY – RESIDENT HAS MEDICATION ON HAND
- PROFILE ONLY – RESIDENT WILL NOT BE USING PHARMERICA SENIOR LIVING
- STAT MEDICATION (Critical Medications) – Fax, then call pharmacy
- HOSPICE RESIDENT:
  - Send Medications (list): \_\_\_\_\_
  - Profiled medications provided by hospice (list): \_\_\_\_\_
- RESIDENT STATUS:
  - Physician Change (name, fax, phone): \_\_\_\_\_
  - Discharge Date: \_\_\_\_\_  Expired Date: \_\_\_\_\_
  - Leave of Absence – Hold Meds Until Notified  Room Change: \_\_\_\_\_
- CYCLE MEDICATIONS (Quantity needed to get back on cycle schedule):
  - ✓ Medication: \_\_\_\_\_
  - ✓ Number of Tabs: \_\_\_\_\_

**MISSING INFORMATION MAY POTENTIALLY CAUSE A DELAY IN SERVICE**

