FYV

PharMerica Senior Living Pharmacy Fax Cover Page

PharMerica Senior Living

TO: Grand Rapids Pharmacy

FROM: _____

FAX #: (866) 618-5691

UNIT: _____ # PAGES: _____

PHONE #: (866) 618-5695

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