PharMerica
Senior Living

Cycle Fill Refusals

(D/C'd Orders, Discharged Residents, Etc.)

- Upon completion of form, make a photocopy for your community's records
- Fax the form to the pharmacy using the same fax number used to fax orders
- Place the refused medications and the form inside the cycle fill refusal bag and seal
- Please return all cards / full quantity of any refusals to pharmacy
- **No partial quantities will be accepted for credit – MUST be full quantity**
- **Refusals need to be faxed to the pharmacy no later than the start date of your cycle**

Community: _____ **DATE: _____/_____/_____**

Please use one of the following numbers to indicate the reason for the return:

1 – Discontinued	**2 – Order Change**	**3 – Out of Community/LOA**	**4 – Discharged**	**5 – Deceased**
6 – Overstock/Duplicate Card	**7 – Incorrect Medication/Dose**	**8 – Resident Not Using PharMerica**	**9 – Hospice Supplies/ Family Supplies**	**10 – Other: Must Be Valid Reason or No Credit Will Be Given**

		QTY	Reason for Return	For PharMerica Use Only			
				CREDIT-Y/N	Date Processed	Reason No Credit	INIT
1	Place Barcode Sticker Here						
2	Place Barcode Sticker Here						
3	Place Barcode Sticker Here						
4	Place Barcode Sticker Here						
5	Place Barcode Sticker Here						
6	Place Barcode Sticker Here						
7	Place Barcode Sticker Here						
8	Place Barcode Sticker Here						

_____ _____

Med Tech/Nurse Name (Print) Date