PharMerica®
Senior Living

Attention: Pharmacy - Missing Cycle Medications Needed

The following medications are missing from the initial cycle delivery and need to be sent to our community on the next route (RUSH).

Community: _____ Date: ___/___/____

Staff Name (print): _____

Community Instructions:

- Prior to completing form, please check your cycle exclusion list provided in the tote for important medication updates regarding residents and medications not able to be sent on cycle as well as med carts for supply on hand.
- Write in the information for the missing medication(s) below.
- NOTE: New orders require a valid prescription.
- Fax this sheet and copy of any new orders to the pharmacy for processing.
- If faxing after your cutoff time and medications are needed by the next morning, you will need to follow the STAT request process to obtain the meds.

RESIDENT NAME	MEDICATION

Confidentiality Notice: The information in this facsimile may contain confidential health information that is privileged and legally protected from disclosure by the Health Insurance Portability and Accountability Act (HIPAA). This information is intended only for the use of the individual or entity to whom it is addressed. The recipient is obligated to maintain it in a safe, secure and confidential manner. If you are not the intended recipient you are hereby notified that any disclosure, copying, or distribution of this information is STRICTLY PROHIBITED. If you have received this information in error, please notify the sender immediately and destroy this communication and all accompanying documents.