

**Phoenix Location**

925 E. Covey Ln  
Phoenix, AZ 85024  
Phone: (623) 815-8965 • Fax: (623) 815-1222

**Tucson Location**

10900 N. Stallard Pl #120  
Oro Valley, AZ 85737  
Phone: (520)-818-2883 • Fax: (520)-818-6546

**Admission – Cover Sheet**

**Community Name:** \_\_\_\_\_

**Community Phone:** \_\_\_\_\_ **Community fax:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_

**Room Number:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Diagnosis/Medical Conditions:** \_\_\_\_\_

**POA Name:** \_\_\_\_\_ **POA Phone:** \_\_\_\_\_

**Billing Address (Statements to be delivered to):** \_\_\_\_\_

**Primary Care Doctor:** \_\_\_\_\_ **Dr. Phone:** \_\_\_\_\_

**Please check one:**

- PROFILE ONLY – resident uses other pharmacy, do not send meds
- Send all medications EXCEPT for the orders marked “Profile Only”
- PROFILE FOR NOW – resident moved in with medications

**Checklist:**

- Copy of insurance card/s (front and back) – **delivery will be delayed without**
- CLEARLY NOTATE medications that are profile only, family provides, hospice provides
- Valid, signed orders
- CII-CV Control Order – Delivery cannot be made without hardcopy
- Billing Agreement
- Notice of Privacy Practices
- Other: \_\_\_\_\_