Phoenix Pharmacy:
925 E Covey Lane
Phoenix, AZ 85024
ALF Phone: (623) 815-8965 - ALF Fax: (623) 815-1222
SNF Phone: (623) 587-5425 - SNF Fax: (623) 587-5715

Tucson Pharmacy:
10900 N Stallard Place, Suite 120
Oro Valley, AZ 85737
Main Phone: (520) 818-2883
Main Fax: (520) 818-6546

SKILLED ADMISSIONS FAX

To: Saliba's Pharmacy

Fax: 623-587-5715 or 623-815-1222

RE: Skilled New Admission

From:_____

Date:_____

Total no. of pages including cover: _____

_____NEW ADMIT_____RE-ADMIT

Please remember to fax a copy of the <u>PATIENTS FACE SHEET</u> along with any copies of <u>CONTROLED SUBSTANCE PRESCRIPTIONS</u>.

Patients Name:_____DOB:_____Social Security: _____

Medicare #:_____ Room #: _____

Allergies:_____Admitting Diagnosis: _____

IV:_____Yes_____No Name of IV medication: _____

Responsible Party:_____Phone: _____

Responsible Party Address:_____

Credit Card # (Optional):_____3 or 4 Digit Security #:_____Expiration Date: _____

Insurance Name: _____

Insurance ID #'s:_____Insurance Group #:_____

***** Copy of insurance card front and back is necessary for accurate billing *****

I certify that the attached admission orders have been VERIFIED with:
(All orders need to be verified with a facility MD/NP)

Dr._____on (date):_____at (time):_____

_____
Name of licensed nurse taking care of above patient

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