

FAX COVER PAGE



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From:	Date:
Facility:	Pages: (including cover)
Patient:	DOB:

Check Appropriate Box(s):

Please note that all new orders must be signed and dated by prescriber along with full name and phone printed legibly.

- New Order(s): FILL and SEND** at regular delivery time.
- New Order(s): DO NOT SEND** (Update patient profile only.)
- Emergency Prescriptions** - Call pharmacy to follow up.
- New Admission:** (All the following information is needed.)
 - Pharmacy agreement completed
 - Copy of insurance cards (front and back)
 - Signed physician's orders
 - Allergies and diagnoses
 - ALMSA EMAR: SSN _____ and DOB _____
- MAR Update Only-** Resident does not use Mercury Pharmacy Services.
- Other notes/comments:**

NOTE: Refill Order Forms do NOT need to be accompanied by this cover page.

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