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FAX COVER PAGE

From: _____

Date: _____

Resident: _____ DOB: _____

Pages (including cover): _____

STAT Prescriptions – Please Deliver Today.

Please call Pharmacy after faxing to verify FAX was received.

New Prescription(s): SEND with next scheduled delivery.

New Prescription(s): NOT NEEDED AT THIS TIME (Profile Only/Update MAR).

New Resident: _____

New Patient Resident Form Completed

D/C Patient/Resident

Hospice Patient/Status Change

Other Notes/Comments: _____

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