



FAX COVER PAGE

1030 Avenue D, Suite 2, Snohomish, WA 98290
Phone: 360-863-3009

FAX TO:

844-375-4097

360-217-7570

From: _____

(home & contact)

Date needed: _____

Resident name: _____

DOB: _____ Total Pages: _____

- STAT** Prescriptions – Please Deliver Today.
Please call Pharmacy 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 Information Form Completed
- D/C Patient/Resident/Prescription
- Hospice Patient/Status Change
- Notes/Comments: _____

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