



GOOD DAY PHARMACY

Community:

Resident Fax Sheet

Phone: 970-461-9101 or 866-810-9101

Fax: 970-461-9089 or 888-810-9089

Pages Sent: _____ Community Fax Number: _____

Name of Resident: _____

Date: ____/____/____ Time Sent: _____ am/pm

Person Sending: _____

Date medications are needed: ____/____/____

If partial, please list: _____

**If cycled, please countdown remaining doses*

- Pharmacy Agreement Attached
- Prescription Card for medications attached
- Private Pay, no prescription card attached
- Resident information sheet (face sheet) attached

***** Please attach signed physician orders***

Physician Name: (Last) _____ (First) _____

Phone #: _____ Fax #: _____

E-Mail Address (If Available): _____

Specific Medication Administration times are as follows: _____

Other Comments are as follows: _____

