

PHARMACY REFILL COMMUNICATION SHEET COMMUNITY NAME:

* FAX all requests for refills *

* If faxed after business hours, refill request will be seen on the next business day *

*After 6pm M-F, please call the on-call pharmacist at (970) 214-1914 for any emergency needs *

Staff Faxing Form: _____ DATE: ____ Contact #: _____

Dete	<u>Print Staff</u>	<u>Prescription</u> <u>Number</u>	<u>Resident's Name</u>	DOB	<u>Medication/</u> <u>Strength/Route</u>	<u>Remaining</u> <u>doses</u>	Notos
<u>Date</u>	<u>Name</u>	Number	<u>Resident s Name</u>	<u>DOB</u>	<u>Strength/Route</u>	aoses	<u>Notes:</u>
Good Day Pharmacy <i>Phone</i> : (970) 461-9101 or (866) 810-9101 <i>Fax</i> : (970) 461-9089 or (888) 810-9089							

DO NOT DESTROY THIS SHEET – Keep for your records.