

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> |
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| 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.