

CYCLE DISCREPANCY SHEET

Community:

- * Please do not request refills on this form. *
- * Please inspect your cycled meds within 48 hours of receiving. *
- * Please notify the pharmacy of any discrepancies by fax as soon as your cycle is inspected. *
- * Please document inconsistencies between the cycle delivery and the MARs (Medication Administration Records). *

Staff Completing Form:			DATE:	Contact #:	_
<u>Physician</u>	<u>Rx Number</u>	<u>Resident's Name</u>	Medication / Strength / Route	<u>Discrepancy</u>	

Good Day Pharmacy *Phone*: (970) 461-9101 or (866) 810-9101 **Fax**: (970) 461-9089 or (888) 810-9089

DO NOT DESTROY THIS SHEET – Keep for your records.