



PHARMACY COMMUNICATION COVER PAGE

Pages Sent:

Community Name: _____

Community Staff Name: _____ Date/Time Sent: _____

Resident Name: _____ Resident DOB: _____

Medication Therapy Order Update(s)

Must attach **SIGNED** medication orders for your resident

Type of Order Update	New Medication(s)	Discontinued Medication(s)	Changed Medication(s) (dose, frequency, or HOA)	Updated Medication List/Physician's Orders
Select:				
Community Notes:				

Good Day Pharmacy will always attempt to fill and deliver new medications and medication changes when we are the residents' **primary pharmacy** as indicated on the Pharmacy Agreement unless otherwise specified by the community.

Major Resident Status Update

Type of Status Update	Hospitalized	In Skilled Nursing or Rehabilitation	Deceased	Moving Out/Moved Out	Moving Back/Moved Back
Select:					
Community Notes: (Include Dates)					

Good Day Pharmacy will temporarily deactivate any residents' profile who is out of the community but is expected to come back. The community **MUST** notify the pharmacy to reactivate the profile when a resident returns.

All Other Communications

Community Notes:	
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Fax: (970)-461-9089

Toll Free Fax: (888)-810-9089

Email: LTC@gooddaypharmacy.com

Phone: (970)-461-9101

Toll Free Phone: (866)-810-9101