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FAX COVER PAGE

From: _____

Date: _____

Resident: _____ DOB: _____

Pages (Including Cover): _____

STAT Prescriptions - Please Deliver within 24 hours.

Please call Pharmacy after faxing to verify FAX was received.

New Prescription(s): SEND with next scheduled delivery.

New Prescription(s): NOT NEEDED AT THIS TIME (Profile Only/Update MAR).

New Resident:

New Patient Resident Form Completed

POA Consent Form Completed

Other Notes/Comments: _____

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