

# Fax Cover Sheet

From: \_\_\_\_\_

Date: \_\_\_\_\_

Resident: \_\_\_\_\_ DOB: \_\_\_\_\_

Page (Including Cover): \_\_\_\_\_

STAT Prescription - 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): SEND with next scheduled delivery.

New Resident:

New Patient Resident From Completed

POA Consent Form Completed

Other Notes/Comments: \_\_\_\_\_

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