

CHECKLIST

PHARMACY NEEDS

FACILITY NEEDS

Original Rx (prescription - faxed, e-scribed, written, phone in by prescriber or signed physician sheet from top copy of MAR set)		Copy Rx (prescription)	
Medical Consult/Encounter Form (copy)		Medical Consult/Encounter Form (original)	
Staff Contact Name		Filled medication	
Staff Contact Phone #		Side Effect Sheets	
Meds returned if DC'd or med changes (all packs)		Cut out of Med/directions for MAR	
		Blank MAR (if no room on current MAR)	
		If Narcotic - extra label for narcotic sheet	

THANK YOU FOR YOUR HELP.
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