Community: Birch MC & AL

* 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 #:** _____

Physician	***Rx Number***	***Resident's Name***	***Medication / Strength / Route***	***Discrepancy***

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.

Revised 2/2021