



# PHARMACY REFILL COMMUNICATION SHEET

**COMMUNITY NAME:** \_\_\_\_\_

\* FAX all requests for refills \*

\* If faxed after business hours, refill request will be seen on the next business day \*

\*After 6pm M-F, please call the on-call pharmacist at (970) 214-1914 for any emergency needs \*

Staff Faxing Form: \_\_\_\_\_ DATE: \_\_\_\_\_ Contact #: \_\_\_\_\_

<u>Date</u>	<u>Print Staff Name</u>	<u>Prescription Number</u>	<u>Resident's Name</u>	<u>DOB</u>	<u>Medication/ Strength/Route</u>	<u>Remaining doses</u>	<u>Notes:</u>

Good Day Pharmacy **Phone:** (970) 461-9101 or (866) 810-9101

**Fax:** (970) 461-9089 or (888) 810-9089