



CYCLE DISCREPANCY SHEET

Community:

- * 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 #: _____

<u>Physician</u>	<u>Rx Number</u>	<u>Resident's Name</u>	<u>Medication / Strength / Route</u>	<u>Discrepancy</u>

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

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