

Freedom of Choice Form for Nursing Home Patients

**105 CMR: DEPARTMENT OF PUBLIC HEALTH 105 CMR 150.000:
STANDARDS FOR LONG-TERM CARE FACILITIES
150.008: Pharmaceutical Services and Medications**

A (2) Provision shall be made for the prompt and convenient acquisition of prescribed drugs from licensed community, institutional or hospital pharmacies. Facilities shall make no exclusive arrangements for the supply or purchase of drugs. Residents or their guardian may arrange for the purchase of prescribed medications from pharmacies of their own choice provided medications are dispensed and labeled as specified in 105 CMR 150.008.

I _____, wish for my client _____, to have their prescriptions filled at Walsh Pharmacy of 202 Rock Street Inc. Fall River, MA, 02720. Phone number: (508) 679-1300.

(Signature of resident or Legal Guardian or Power of Attorney)

Date