



# Admission Fax Cover Sheet

Fax to: (616)974-8205 -or- (810)626-5881

Email to: [ordersmic@guardianpharmacy.net](mailto:ordersmic@guardianpharmacy.net)

Is the resident a New Admit: Yes/No

Readmit: Yes/No

Facility admitting to: \_\_\_\_\_ (city) \_\_\_\_\_

Please check off all items on this list so that pharmacy will have all information needed to send out meds or profile meds:

Face sheet, including SSN or Medicare ID number

Allergies

Copy of insurance cards, if available

Signed med list, including quantity and refills to make valid scripts

Signed pharmacy agreement and completed enrollment form that must include responsible party name, address, and phone number

Date of planned admission/re-admission: \_\_\_\_\_

Resident coming with medications? Yes / No

Resident is using outside pharmacy? Yes / No

Resident just needs meds profiled at this time? Yes / No

Who should pharmacy contact at facility if there are questions?

Name: \_\_\_\_\_

Number: \_\_\_\_\_