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## FAX COVER PAGE

From: \_\_\_\_\_

Date: \_\_\_\_\_

Resident: \_\_\_\_\_ DOB: \_\_\_\_\_

Pages (Including Cover): \_\_\_\_\_

STAT Prescriptions - Please Deliver within 24 hours.

Please call Pharmacy after faxing to verify FAX was received.

New Prescription(s): SEND with next scheduled delivery.

New Prescription(s): NOT NEEDED AT THIS TIME (Profile Only/Update MAR).

New Resident:

New Patient Resident Form Completed

POA Consent Form Completed

Other Notes/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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