

**Phoenix Location**

925 E. Covey Ln
Phoenix, AZ 85024
Phone: (623) 815-8965 • Fax: (623) 815-1222

Tucson Location

10900 N. Stallard Pl #120
Oro Valley, AZ 85737
Phone: (520)-818-2883 • Fax: (520)-818-6546

Admission – Cover Sheet

Community Name: _____

Community Phone _____ **Community Fax:** _____

Name: _____ **DOB:** _____ **Social Security:** _____

Room Number: _____ **Allergies:** _____

Diagnosis/Medical Conditions: _____

POA Name: _____ **POA Phone:** _____

Billing Address (Statements to be delivered to): _____

Primary Care Doctor: _____ **Dr. Phone:** _____

Please check one:

- ☐ PROFILE ONLY – resident uses other pharmacy, do not send meds
- ☐ Send all medications EXCEPT for the orders marked “Profile Only”
- ☐ PROFILE FOR NOW – resident moved in with medications

Checklist:

- ☐ Copy of insurance card/s (front and back) – **delivery will be delayed without**
- ☐ CLEARLY NOTATE medications that are profile only, family provides, hospice provides
- ☐ Valid, signed orders
- ☐ CII-CV Control Order – Delivery cannot be made without hardcopy
- ☐ Billing Agreement
- ☐ Notice of Privacy Practices
- ☐ Other _____