FAX COVER PAGE

To: **YORBA LINDA PHARMACY**
5596 E. La Palma Ave. Anaheim, CA 92807
P: (714) 993-1458
F: (714) 917-2201
E: LtcRxFax@gmail.com

Please complete all fields below:

Resident Name: _____ **Facility:** _____

Staff Name: _____ **Date:** _____

Pages (including cover page) _____

Please check the appropriate box below:
(Please ensure attached orders are clear and legible to prevent delay in processing)

☐ **STAT** ORDER: _____
Facility must contact the pharmacy 30 minutes after faxing to confirm the request was received

☐ New/Change of Orders. **PLEASE SEND THE FOLLOWING MEDS ASAP:**

_____
_____
_____
_____

☐ New/Change of Orders. **PLEASE PROFILE ONLY.** ***Do not send.***

☐ Discontinued Orders. Please discontinue on the pharmacy system and MAR/ e-MAR.

☐ Other - Please specify:

_____
_____
_____
_____