



Facility Name \_\_\_\_\_ Station/Floor \_\_\_\_\_

Facility Employee \_\_\_\_\_ Date \_\_\_\_\_

Resident Name \_\_\_\_\_ Room # \_\_\_\_\_

Medication(s) \_\_\_\_\_ Rx #(s) \_\_\_\_\_  New  
 Refill

Facility Comment. \_\_\_\_\_

Pharmacy Response. \_\_\_\_\_

Medication(s) \_\_\_\_\_ Rx #(s) \_\_\_\_\_  New  
 Refill

Facility Comment. \_\_\_\_\_

Pharmacy Response. \_\_\_\_\_

Medication(s) \_\_\_\_\_ Rx #(s) \_\_\_\_\_  New  
 Refill

Facility Comment. \_\_\_\_\_

Pharmacy Response. \_\_\_\_\_

Medication(s) \_\_\_\_\_ Rx #(s) \_\_\_\_\_  New  
 Refill

Facility Comment. \_\_\_\_\_

Pharmacy Response. \_\_\_\_\_

- Auto stop order** - Stop date exceeded.
- New order required** \_\_\_\_\_
- Our records indicate that the medication is **floor stock** in your facility. ***Please use from stock.***
- Ordered too soon.** Date of last fill \_\_\_\_\_. Will send on \_\_\_\_\_.
- Medication out of stock/**special order.**  
Will be sent on or before \_\_\_\_\_.
- Not covered by formulary.** *Nursing to contact physician for covered alternative or to obtain authorization for payment from administrator or responsible party.* Est. cost: \_\_\_\_\_

Korman Employee \_\_\_\_\_ Date \_\_\_\_\_