

## **Phoenix Location**

**Tucson Location** 

925 E. Covey Ln Phoenix, AZ 85024 Phone: (623) 815-8965 Fax: (623) 815-1222 10900 N. Stallard Pl #120 Oro Valley, AZ 85737 Phone: (520)-818-2883 Fax: (520)-818-6546

## **New Admit**

Patient Name:	DOB:	Social Security:	
Allergies:	Diagnosis:		
Facility Name:	Fa	acility Phone:	
Facility Address:	F	acility Fax:	
Dr. Name:	Dr.	. Phone:	
Responsible Party:	Pho	ne:	
Responsible Party Address:			
Credit Card # (Optional):	3 Digit Security #	(On back of card):Expiration Date:	
	Insurance ID #'s: insurance card front and back is ne	Insurance Group#	
copyor	insurance cara none and back is ne		

All medications listed below are for a 30-day supply. Twelve refills will be given unless otherwise noted.

## THESE ORDERS MAY ONLY BE FILLED BY SALIBA'S EXTENDED CARE PHARMACY

Rx Number/medication	<u>Strength</u>	<u>Qty</u>	<u>Directions</u>	<u>Refills</u>
				<u>12</u> or
				_ <u>12</u> or
	_			_ <u>12</u> or
				_ <u>12</u> or
				_ <u>12</u> or
				_12 or

**Physicians Signature** 

Date

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