

**Phoenix Pharmacy:**

925 E Covey Lane

Phoenix, AZ 85024

ALF Phone: (623) 815-8965 - ALF Fax: (623) 815-1222

SNF Phone: (623) 587-5425 - SNF Fax: (623) 587-5715

Tucson Pharmacy:

10900 N Stallard Place, Suite 120

Oro Valley, AZ 85737

Main Phone: (520) 818-2883

Main Fax: (520) 818-6546

SKILLED ADMISSIONS FAX

To: Saliba's Pharmacy

Fax: 623-587-5715 or 623-815-1222

RE: Skilled New Admission

From: _____

Date: _____

Total no. of pages including cover: _____

____ NEW ADMIT ____ RE-ADMIT

**Please remember to fax a copy of the PATIENTS FACE SHEET along with
any copies of CONTROLLED SUBSTANCE PRESCRIPTIONS.**

Patients Name: _____ DOB: _____ Social Security: _____

Medicare #: _____ Room #: _____

Allergies: _____ Admitting Diagnosis: _____

IV: _____ Yes _____ No Name of IV medication: _____

Responsible Party: _____ Phone: _____

Responsible Party Address: _____

Credit Card # (Optional): _____ 3 or 4 Digit Security #: _____ Expiration Date: _____

Insurance Name: _____

Insurance ID #'s: _____ Insurance Group #: _____

***** Copy of insurance card front and back is necessary for accurate billing *****

I certify that the attached admission orders have been VERIFIED with:

(All orders need to be verified with a facility MD/NP)

Dr. _____ on (date): _____ at (time): _____

Name of licensed nurse taking care of above patient

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