



Midwest
LTC PHARMACY

3003 Frontage Road, Suite #2

Grand Island, NE 68803

Phone: 308-398-0538 Fax: 308-398-0539

Facility Name: _____ Date: _____ Nurse's Signature: _____

RESIDENT INFORMATION

****NEW RX ORDERS ONLY****

LAST NAME FIRST	ROOM & BED #	MEDICATION/DIRECTIONS/DIAGNOSIS	ADMIN TIME	PHYSICIAN
		DIAGNOSIS: _____ <input type="checkbox"/> PROFILE ONLY (Do NOT send medications)		
		DIAGNOSIS: _____ <input type="checkbox"/> PROFILE ONLY (Do NOT send medications)		
		DIAGNOSIS: _____ <input type="checkbox"/> PROFILE ONLY (Do NOT send medications)		
		DIAGNOSIS: _____ <input type="checkbox"/> PROFILE ONLY (Do NOT send medications)		

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****PLEASE USE NEW SHEET AFTER EACH FAX****