



# PHARMACY COMMUNICATION COVER PAGE

# Pages Sent:

Community Name: \_\_\_\_\_  
 Community Staff Name: \_\_\_\_\_ Date/Time Sent: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_ Resident DOB: \_\_\_\_\_

<b>Medication Therapy Order Update(s)</b>				
Must attach <b>SIGNED</b> medication orders for your resident				
Type of Order Update	New Medication(s)	Discontinued Medication(s)	Changed Medication(s) (dose, frequency, or HOA)	Updated Medication List/Physician's Orders
<b>Select:</b>				
<b>Community Notes:</b>				
Good Day Pharmacy will always attempt to fill and deliver new medications and medication changes when we are the residents' <b>primary pharmacy</b> as indicated on the Pharmacy Agreement unless otherwise specified by the community.				

<b>Major Resident Status Update</b>					
Type of Status Update	Hospitalized	In Skilled Nursing or Rehabilitation	Deceased	Moving Out/Moved Out	Moving Back/Moved Back
<b>Select:</b>					
<b>Community Notes:</b> (Include Dates)					
Good Day Pharmacy will temporarily inactivate any residents' profile who is out of the community but is expected to come back. The community <b>MUST</b> notify the pharmacy to reactivate the profile when a resident returns.					

<b>All Other Communications</b>	
<b>Community Notes:</b>	