AmeriPharma LongTermCare

132 S Anita Dr., Orange, CA 92868
Phone# (877) 778-3773 Fax# (800) 951-7948

REFERALL FORM

INSTRUCTIONS:

After this form is completed, it must be signed by the prescriber. Orders for controlled substances must be accompanied by an original prescription order. Fax a copy of this form to the pharmacy to authorize filling prescriptions.

Resident Name:	Date of Birth:	Date:
Facility Name:	Phone/Fax:	
Allergies:		
Diagnosis:		

Medication Name, Strength & Directions

Rx

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

I certify that these orders are active for ☐ **days or** ☐ **until cancelled**

(In accordance with federal and/or state regulations)

Prescriber's Signature: _____ *Date:* _____

Prescriber's Name:	DEA# & NPI#:		
Address:	City:	State:	Zip Code:
Telephone:	Fax:		

FAX COMPLETED FORM TO THE PHARMACY