

62 E MILL ROAD, SUITE B1, LONG VALLEY NJ 07853 TEL (844) 5-SCRIPTS • FAX (888) 887-1815 WWW.LTCSCRIPTS.COM • PHARMACY@LTCSCRIPTS.COM

NEW RESIDENT INTAKE

If you would like to fill this out online instead, please go to https://www.ltcscripts.com/patient-intake-form.php

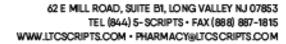
Resident Name		D.	.O.B		
Allergies:					
Diagnosis:					
Facility name:CA					
Facility Address:					
Delivery Address (i	f diff from above):			_	
Facility Tel#					
Facility Manager: _	Facility Manager: Cell#s				
•		il copies of front and b		ce cards on file incl	
Medicare): Tel#					
List of Medications	(PLEASE ALSO FA	X OR EMAIL A COPY O	F THE MAR, TAR, 1	POS – See Pharmacy	
contact info attache	ed)				
NAM	Е	CYCLE START DATE		ADMIN TIMES	
Type of Packaging	requested (Circle o	ne):			
Bingo Cards	Strip Packets	Dispill	Vials		
		1			
Primary MD: Tel:		:			
Specialty MD:	Specialty MD:		:		
Previous Pharmacy	(Please also fill ou	it the Attached Rx Trai	nsfer Authorizatio	n form):	
		Tel:			



RX TRANSFER AUTHORIZATION

Effective immediately, I authorize LTC Scripts Pharmacy to transfer all prescriptions from all previous pharmacies for the resident below.

RESIDENT INFORMATION:
NAME
D.O.B
PREVIOUS PHARMACY:
TEL#
COMMUNITY INFORMATION:
NAME:
ADDRESS:
TELEPHON#
SIGNATURE:
DATE:





PHONE:(844) 572-7478



FAX: (888) 887-1815a15

GENERAL EMAIL: PHARMACY@LTCSCRIPTS.COM

PRIVATE DOCUMENTS EMAIL:

DOCUMENTS@LTCSCRIPTS.COM

ACCOUNTING DEPT: ACCOUNTING@LTCSC!RIPTS.COM

PHARMACY LINK: WWW.LTCSCRIPTS.COM

(CLICK ON FACILITY LOGIN)

AFTER HOURS (EMERGENCIES ONLY): CALL THE MAIN LINE AND FOLLOW THE TELEPHONE PROMPTS TO REACH A LIVE PERSON.

PHARMACIST-IN-CHARGE: NICK PARIAROS
ACCOUNTING DEPT: DAISY VANWHY