



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

NEW RESIDENT INTAKE

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

Resident Name _____ D.O.B. _____

Allergies: _____

Diagnosis: _____

Facility name: _____ CA _____

Facility Address: _____

Delivery Address (if diff from above): _____

Facility Tel# _____

Facility Manager: _____ Cell# _____s _____

Insurance Info (Please also fax or email copies of front and back of all insurance cards on file incl

Medicare): _____ Tel# _____

List of Medications (PLEASE ALSO FAX OR EMAIL A COPY OF THE MAR, TAR, POS – See Pharmacy contact info attached)

NAME	CYCLE START DATE	ADMIN TIMES

Type of Packaging requested (Circle one):

Bingo Cards	Strip Packets	Dispill	Vials
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Primary MD: _____ Tel: _____

Specialty MD: _____ Tel: _____

Previous Pharmacy (Please also fill out the Attached Rx Transfer Authorization form):

_____ Tel: _____



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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: _____



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PHONE:(844) 572-7478



FAX: (888) 887-1815a15

GENERAL EMAIL: PHARMACY@LTCSCRIPTS.COM

PRIVATE DOCUMENTS EMAIL:

DOCUMENTS@LTCSCRIPTS.COM

ACCOUNTING DEPT: ACCOUNTING@LTCSCRIPTS.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