

Basingers Pharmacy
 2130 W Jefferson
 Joliet, IL 60435-6622
 Phone: 815-725-1102
 Fax: 815-725-1844

Physician Order All

PHYSICIAN

Name _____
 Address _____
 Phone _____
 Fax _____

PATIENT

Name _____
 Address _____
 Phone _____
 Dob _____
 Insurance info _____

| Start Date | Procedure Code | Qty | Size | | | Description |
|------------|----------------|-----|-------|--------|-------|-------------|
| | | | small | medium | large | |
| | | | small | medium | large | |
| | | | small | medium | large | |
| | | | small | medium | large | |
| | | | samll | medium | large | |
| | | | samll | medium | large | |

The above equipment is needed by this patient. Length of Need: [12] Months [___] Lifetime

____/____/____ Latest Face-to-Face Examination

Diagnosis Codes (ICD-10) N39.3 _____

Prognosis: Excellent Good Fair Poor Uncertain _____

I, the undersigned, certify that the above prescribed durable medical equipment is medically necessary as part of my treatment for this patient. In my opinion, the equipment prescribed is reasonable and necessary for accepted standards of medical practice and treatment of this patient's condition and has not been prescribed as "convenience equipment".

Doctor Name _____ NPI: _____ Date _____

(Can not be cosigned)

As soon as Progress Notes or Medical Records that support the prescription are available, please fax or mail a copy as we are now required to keep them in our files.

Basinger's Pharmacy

Basinger's Pharmacy Marycrest ,2130 W Jefferson St , Joliet, IL 60435 , Phone: (815)725-1102, Pharmacy Fax: (815)725-7500

Medication Transfer Sheet/Release of Responsibility

Name of Facility: _____

Name of Resident: _____

Date of Release: _____

Expected Date of Return: _____

| Name of Medication | Pass Time | RX Number | Strength | # of Meds Released | # of Meds Returned |
|--------------------|-----------|-----------|----------|--------------------|--------------------|
| | | | | | |
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| | | | | | |
| | | | | | |

Transferring medications for home visits, outings, etc. Taken from Community Care Licensing technical support program medications.

- When a consumer/resident leaves a facility for a short period of time during which only one dose of medication(s) is/are needed, the facility may give consumer/resident medications to a responsible person/authorized representative in an envelope (or similar container) labeled with the facility's name and address, consumer/resident's name, name of medication(s), and instructions for administering the dose.
- If consumer/resident is to be gone for more than one dosage period, the facility may:
 - a. Give the full prescription contained to the consumer/resident, or responsible person/authorized representative.
 - OR
 - b. Have the pharmacy fill a separate prescription or separate the existing prescription into two bottles.
 - OR
 - c. Have the consumer's/resident's family obtain a separate supply of the medication for use when the consumer/resident visits with the family.

The resident, and/or responsible party assumes responsibility for the resident and for assuring that all medication (if any) are taken appropriately, during the time the resident is signed out of the facility. The facility is not responsible for any accidents, illnesses or injury during this time. My signature indicates that I have received the above listed medications, and have been instructed in their use. I also agree to return any unused medications when the visit is concluded.

Signature of staff releasing medications: _____

Received by: _____ Date: _____ Time: _____

Signature of person returning unused medications: _____

Staff signature of count on return: _____ Date: _____ Time: _____