

Concierge Pharmacy Service Request Form

Fax: 434.4686 Phone: 434.6267

Delivery to room: Monday – Friday 8AM - 4:30PM

Pick-Up @ 10MP: Mon/Wed/Fri 7:30A-6:00P, Tue/Thur 7:30A-8:00P, Sat & Sun 8:30AM-1:00PM

***This form initiates the process by which discharge medications for your patient can be filled and delivered to the bedside or be available for pick-up at 10MP. This form needs to be faxed to the Concierge Pharmacy & Rxs faxed with it. Or form is faxed to the pharmacy & the prescriber electronically sends Rxs to the pharmacy. Pharmacy Team pulls insurance info, processes Rxs, trouble shoots issues and prepares Rx for delivery/pickup.*

1. Patient name: _____ **DOB:** _____

Room #: _____ **Anticipated date/time of departure:** _____

Number of Rxs: _____ **Rxs Electronically Sent:** Yes No

Method of Payment: Cash Credit Card **Voucher utilized:** FAP Other _____

Lang: English Spanish Other **Review entire med list with patient:** Yes No

2. Please check mode of service: **Please allow AT LEAST one hour for delivery to patient room**

Pharmacy to deliver Rxs to patient room no later than:

10:00 AM

2:00 PM

12:00 PM

4:00 PM

Have available for patient/caregiver pick-up at 10MP by _____ AM/PM

(MWF 7:30A-6P, TTh 7:30A-8P, Sat & Sun 8:30AM-1PM) **If picking-up, patient must surrender all controlled substance hard copies to pharmacy at pick-up.*

3. Name of provider faxing: _____ **Contact # if ques/issues:** _____