PHARMACY CARE ASSOCIATES AUTOMATIC ORDER SHEET FAX#[877] 315- 3711 NURSING HOME

CHARGE NURSE: _____ UNIT: _____

NEW ORDERS ARE TO ALSO BE WRITTEN IN THE BOXES BELOW OR PULL THE RE-ORDER LABELS AND PLACE THEM IN THE BOXES. WRITTEN ORDERS MUST INCLUDE DOCTORS NAME. **T T A 1**

[PLEASE KEEP LABELS STRAIGHT]		