

M.A.R. "Clean Up" Request Form

Fax to: Bremo LTC Pharmacy Fax# 804-285-7857

From Home: _____

Schedule Changes

<u>Patient Name</u>	<u>Medication Name</u>	<u>Current Schedule</u>	<u>Correct Schedule</u>
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1. _____
2. _____
3. _____
4. _____
5. _____

Discontinued Medications

(Please remember to include any documentation necessary from the doctor.)

<u>Patient Name</u>	<u>Medication Name</u>	<u>Date D/Ced</u>
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1. _____
2. _____
3. _____
4. _____
5. _____

Medication that Did Not Print on the MAR

(Please remember that medications that Bremo LTC does not supply will not print out on the MAR.)

<u>Patient Name</u>	<u>Medication Name</u>
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1. _____
2. _____
3. _____
4. _____
5. _____

Notes to Pharmacy: