



21025 N. 8<sup>th</sup> Way  
Phoenix, AZ 85022

ALF Phone: (623) 815-8965 \* SNF Phone: (623) 587-5425  
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### New Admit

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility Phone: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Facility Fax: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsible Party Address: \_\_\_\_\_

Insurances and ID #'s: \_\_\_\_\_

**\*\*\* Copy of insurance card front and back is necessary for accurate billing \*\*\***

**All medications listed below are for a 30-day supply. Twelve refills will be given unless otherwise noted.**

Rx Number/medication	Strength	Qty	Directions	Refills
_____	_____	_____	_____	<u>12</u> or _____
_____	_____	_____	_____	<u>12</u> or _____
_____	_____	_____	_____	<u>12</u> or _____
_____	_____	_____	_____	<u>12</u> or _____
_____	_____	_____	_____	<u>12</u> or _____
_____	_____	_____	_____	<u>12</u> or _____
_____	_____	_____	_____	<u>12</u> or _____

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Date