



**Moye's Long Term Care Pharmacy**  
**106-A Rock Quarry Rd.**  
**Stockbridge, GA 30281**  
**Phone (770) 507-1559**  
**Fax 770-692-8247**

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**Resident's Information**

Resident's Name: \_\_\_\_\_ Move-in Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name of Assisted Living Home: \_\_\_\_\_ Room# \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 List of Drug Allergies (ie Penicillin, Aspirin, etc...) \_\_\_\_\_  
 \_\_\_\_\_  
 List of Other Known Allergies (ie. Iodine, Seafood, etc...) \_\_\_\_\_  
 \_\_\_\_\_

**Primary Physician's Information**

Physician's Name: \_\_\_\_\_  
 Physician's Address: \_\_\_\_\_  
 Office Phone Number: (\_\_\_\_) \_\_\_\_\_

**Pharmacy Insurance Information (Please include front & back copy of all insurance cards)**

Name of Insurance: \_\_\_\_\_  
 Card ID#: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Insured's Name: \_\_\_\_\_ Ins. Phone # \_\_\_\_\_  
 Medicare # \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Do you have mail order pharmacy coverage? Yes No  
 If Yes, do you plan to use the mail order pharmacy and have Moye's repackage? Yes No

**(For Office Use Only)**

Medication Management      Self-medicates  
 \*Medications need to start on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ am/pm  
 Type of Diet: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

