



MRR Communication

Fax to: (251) 625-6502 OR (866) 478-7909
Attn: Admissions & Billing Departments

- Change of Condition (See Below)
- Short Stay (< 30 Days)

Facility: _____ Fax: _____ Date/Time: _____

Doctor: _____ Nurse: _____

Resident Name: _____ Room #: _____

Only if "Change of Condition" is chosen above, make a selection(s) below.

Change of Condition includes (please check one or more of the following):

- Significant weight loss or weight gain
- Critical blood pressure readings (may include other vitals)
- Critical lab values for medications with a Narrow Therapeutic Index (Coumadin (INR), Dilantin, Digoxin, Phenobarbital, Tegretol, Theophylline, Potassium levels, etc.)
- Bowel function changes (including constipation > 3 days, impaction, diarrhea, etc.)
- Confusion, cognitive decline, worsening of dementia (including delirium)
- Dehydration/ Electrolyte imbalance (K, NA, BUN, Cr, etc.)
- Depression (New-onset), Mood disturbance (New-onset)
- Dysphagia, swallowing difficulty
- Excessive sedation, insomnia, or sleep disturbances
- Frequent/repeat falls, dizziness, or evidence of impaired coordination
- Gastrointestinal bleeding (black tarry stools/blood in stool)
- Frequent headaches, muscle pain, generalized aching or pain
- Abnormal/increased seizure activity
- Spontaneous or unexplained bleeding or bruising
- Sudden behavioral changes, unusual behavior patterns (including increased distressed behavior)
- Urinary retention or Incontinence (New-onset)
- Rash or itching
- Other-Explain _____

Suspected Medications – Please list if known _____

Any recent medication therapy changes (new medications added, medications discontinued, etc.)?

To be completed by Rx Advantage, Inc.:

	Meds reviewed - no medication-related concerns noted
	Meds reviewed – See recommendation(s)
	Forwarded to facility's consultant pharmacist
	Faxed to facility

Reviewed by : _____ (Pharmacist) Date Reviewed: ____/____/____

(Nursing Staff: After reviewing with Physician, please file in a readily retrievable area)

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