



McCullough's LTC Pharmacy
1173 W. Main St.
Whitewater, WI 53190
Phone: 262-473-2225
Fax: 262-473-2226

New Resident Information

Please document as much information as is available.

****Completed form to be sent to the pharmacy (fax # 262-473-2226)****

Admitting Facility: _____

Facility Room Number (if applicable): _____

Resident Name: _____

Date of Birth: _____

Allergies: _____

Primary Care Physician: _____

Other Physicians/Specialists: _____

Admission Date: _____

Date/Time for McCullough's to start medication packaging: _____

Previous Address (or Facility): _____

Previous Pharmacy: _____

Social Security Number: _____

Medicare Number (if applicable): _____

Medicaid Number (if applicable): _____

Other Insurance (if applicable): _____

Responsible party for pharmacy expenses: _____

Phone number for responsible party: _____

Address for pharmacy billing statement: _____

Case Manager Name (if applicable): _____

Case Manager Phone Number (if applicable): _____

*****Please attach a medication list if available*****