

PHARMACY Rx RECORDS

DATE: _____

CLINIC

- SHARING
- RESPECT
- GOODLIFE

MRN	# of Rx	# COPAYMENT WAIVERS
1		
2		
3		
4		
5		
6		
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8		
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29		
30		

TOTAL PATIENTS: _____ **TOTAL # Rx** _____ **TOTAL # WAIVERS:** _____

Please give this sheet to the Administrator at the end of the evening.

Administrators enter this information into the Administrators Report at the end of the evening.

Also enter the MRN of the patients who are unable to make a copayment and given waiver.