



Facility Form

15812 SE 114th Ave
Clackamas, Oregon 97015
Phone: (503) 908-0630
Fax: (503) 908-0865

Website: www.PharmIsse.com
Email: info@pharmisse.com

General Information:

Facility Name: _____ Operator Name: _____

Facility Address: _____

Facility Phone: _____ Facility Fax: _____

Facility Email (*optional*): _____

Services:

Type of Facility (*optional*):

Group Home Adult Foster Care Residential Care Facility Other _____

Specialty (if any): _____

How would you like your medications packaged: Vials Bubble Pack

Would you like us to provide FREE MARs? Yes No

Optional: Insert custom times on your MAR (standard times in parenthesis):

Once daily: ____ (8am)

Twice daily: ____ (8am) ____ (5pm)

Three times daily: ____ (8am) ____ (12pm) ____ (5pm)

Four times daily: ____ (8am) ____ (12pm) ____ (5pm) ____ (8pm)

Five times daily: ____ (8am) ____ (11pm) ____ (2pm) ____ (5pm) ____ (8pm)

Six times daily: ____ (8am) ____ (10pm) ____ (12pm) ____ (2pm) ____ (5pm) ____ (8pm)

Morning: ____ (8am)

Bedtime: ____ (8pm)

Additional Information/Special Requests: