MANAGED HEALTHCARE pharmacy
since 1991

1750 Willow Creek Circle ▪ Eugene, Oregon 97402
Mailing Address: P.O. Box 2767 ▪ Eugene, Oregon 97402
Phone: 541.744.1641 ▪ Fax: 541.744.1052
www.managedhealthcarepharmacy.com

Resident Discharge / Transfer Form

Resident Name: _____ DOB: _____/_____/_____

Facility Name: _____

Date of Discharge: _____/_____/_____

THIS IS TO INFORM MHP THAT THE ABOVE RESIDENT HAS BEEN DISCHARGED DUE TO:

☐ Death ☐ Hospitalized for more than 72 hrs. ☐ *Transferred

☐ Transferred to new unit within facility (specify below which units the transfer occurred)

From unit:_____ to unit:_____

***IF TRANSFERRED TO ANOTHER FACILITY, PLEASE LIST THE FACILITY NAME AND PHONE # BELOW:**

Transferred to: _____ Phone:_____
(New Facility)

Staff Signature: _____ Date: _____

Send to:
Managed Healthcare Pharmacy – Fax: 541-744-1052