

**Guardian Pharmacy
Use of Outside Pharmacy Waiver**

Facility Name: _____ **Date:** _____

Resident Name: _____

Guardian Pharmacy is the preferred pharmacy of the above listed facility.

The use of GUARDIAN Pharmacy is optional and the resident may choose to use an outside pharmacy if the outside pharmacy offers the following services:

- Packages medications in the dispensing system mandated by the facility.
- Provides delivery of medications to the facility based upon the policies and procedures of the facility
- Provides 24/7/365 emergency services to the facility
- Has signed a contract with the facility which specifies the policies and procedures for the dispensing of drugs, intravenous solutions, biologicals, and supplies to facility residents, including, at a minimum, provisions for reporting, packaging, and labeling of all items dispensed in a manner consistent with the chosen dispensing system and medication management software of the facility.

I request that GUARDIAN Pharmacy will not supply prescription, non-prescription medications, intravenous medications, treatment items and other medical supplies to me (or resident) as prescribed by a physician while at the above facility.

I understand that the facility will not be able to use the GUARDIAN on-site emergency drug kit at any time for my (or resident's) health and welfare if required. It is the responsibility of the outside pharmacy to provide all emergency medications as requested by the facility.

I understand that all prescription, non-prescription medications, intravenous medications, treatment items and other medical supplies prescribed by a physician to me (or resident) will not be entered into the facility's electronic medication management software by GUARDIAN Pharmacy if applicable. It is the responsibility of the outside pharmacy or facility to enter these orders.

I understand that GUARDIAN Pharmacy will have not any responsibility to provide ANY pharmacy services to the resident listed above.

Signature of Resident/Responsible Party

Date

Street Address

Phone Number

City

State

Zip Code