



Guardian Pharmacy of Atlanta
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**FACILITY REQUEST TO REPACKAGE A RESIDENT'S
 BULK PRESCRIPTION INTO BINGO CARDS**

480-9-.04 Redispensing by a Different Pharmacy.

(b) Whenever a pharmacy receives a written request, as described above in 480-9-.04(a) to redispense drugs in a multi-drug single-dosing container(s), and such drugs have been previously dispensed by another pharmacy, the pharmacy choosing to redispense must maintain a redispensing log using the following record keeping guidelines in addition to any record keeping already required by state and federal law or rules/regulations. The pharmacy is then considered the dispensing pharmacy. For each drug redispensed, this log must include at a minimum:

1. The name, address, and telephone number of the redispensing pharmacy;
2. The date the drug was redispensed;
3. The name and address of the patient;
4. The serial number on the label of the originally dispensed prescription drug container;
5. The name, address, and telephone number of the pharmacy originally dispensing the drug;
6. The serial number assigned to the drug by the redispensing pharmacy;
7. The name, quantity, and identifying logo or numbers of the drug as it was originally dispensed and is now being redispensed;
8. The expiration date assigned to the drug being redispensed, with such date being no longer than one (1) year from the date of redispensing;
9. The name of the prescribing practitioner;
10. The directions for administration or taking as written by the prescribing physician;
11. Any special labeling information or instructions;

****Please note in order to repack any medication all of the criteria above is required by law, thus any bulk OTC not previously dispensed and labeled by a different pharmacy, samples from a MD office or any non-labeled medication will not be eligible for repack.****

******Please remember to keep at least 2 days of medication to ensure the patient does not run out******

Patient Name: _____ **Date:** _____

Medication:	Quantity sent:

Signature of Facility Nurse: _____ **Date:** _____