



# REQUEST FOR SERVICES

Resident Name: \_\_\_\_\_

Date of Admit: \_\_\_\_\_

Service	Frequency/	Approve
Hair Salon		
Personal Laundry		
Sunpapers newspaper		
Incontinence Products		
Wifi call bell	\$190 flat fee	
Transportation		
Satellite TV	\$150 box purchase & \$15/month	
Pharmacy	Ruxton Pharmacy- they must package meds if obtained elsewhere	
Toiletries/Incidentals		
Transportation/Escort		
Medical Equipment		
PT/OT/Speech therapy		
Outside professional service at CM	Podiatry Optometry	
Labwork		
Medical/therapy appointment keeping		
Furnishings supplied by us		

**Key:**

Charge on College Manor bill
Vendor to bill
Vendor to charge Medicare and bill the copay
No charge

Sign for Services: \_\_\_\_\_ Date: \_\_\_\_\_

