



Please complete the form below for authorized access to the **Resident Care Pharmacy** website. Once you have completed the required information, return to a Resident Care Pharmacy staff member or fax to:

978-552-1785

You will be emailed directly with your personal login.

For timely information and announcements from Resident Care Pharmacy,
Join Our Mailing List on the home page of our website.

Visit the Resident Care Pharmacy website for 24/7 on-line refill ordering, access to disease state and drug information, as well as links to useful websites.

ResidentCare.com also offers downloadable forms to facilitate new client registration, leave of absence, medication occurrence tracking and payment authorization.

Linda Wasylak, R.Ph., Pharmacy Manager

Yes, I am interested in obtaining website access to ResidentCare.com.

AGENCY NAME:	
AGENCY ADDRESS:	STREET CITY STATE ZIP
PROGRAM NAME:*	
PROGRAM ADDRESS:	STREET CITY STATE ZIP
PROGRAM PHONE:	
PROGRAM FAX:	
PROGRAM EMAIL:*	
ALT. EMAIL ADDRESS:	
ALT. PHONE:	
USER'S FIRST NAME:	
USER'S LAST NAME:	
PREFERRED PASSWORD:	MUST INCLUDE AS LEAST ONE UPPERCASE LETTER AND ONE NUMBER

User Signature: _____

To be assigned by Resident Care personnel:

***MUST SUPPLY EMAIL ADDRESS TO BE NOTIFIED OF LOGIN ACCESS**

Username: _____

Password: _____

By submitting this form, you are granting: Conlin's Pharmacy & Medical Equipment, 30 Street, Methuen, MA, 01844 United States, <http://www.conlinspharmacy.com> or <http://www.residentcare.com>, permission to email you. You can revoke permission to mail to your email address at any time using the SafeUnsubscribe® link, found at the bottom of every email. We take your privacy seriously (To see for yourself, please read our Email Privacy Policy). Emails are serviced by Constant Contact.