



## CPS Telepharmacy Information Request Form

Name of Hospital:

Address:

City:

State:

Zip Code:

Total Beds:

Average Daily Census (ADC):

Main Contact (Director of Pharmacy):

Phone Number:

Email Address:

The information you submit in this document will allow us to provide a customized proposal and estimation of costs for your facility.

# CPS Telepharmacy Information Request

## Service Hours Needing CPS Telepharmacy Support? (i.e. 1900-0700)?

Weekdays:  Saturday:   
Sunday:  Holidays:   
Time Zone:

*Please note: CPS Telepharmacy only counts new, changed, and discontinued medication orders as a line item*

Monthly projected line items:  Daily line items on a typical Saturday coverage shift:   
Daily line items on a typical weekday coverage shift:  Daily line items on a typical holiday coverage shift:   
Daily line items on a typical Sunday coverage shift:  Do you want ED orders reviewed by CPS Telepharmacy?

Please specify your **Pharmacy Clinical Operating System** (i.e. Meditech, EPIC, CPSI, Cerner, etc)

Please specify your **Physician Order Entry System** (ex. fax/scan, CPOE, Omnilink, etc.)

If CPOE & paper, what % of each:

Do you use PyxisConnect, CardinalConnect, Cardinal RxView? If yes, please specify:

Automated Dispensing Cabinets (ex. Pyxis, Omnicell, etc.):  Yes  No

If "Yes," what brand of cabinets?

Are you currently utilizing telepharmacy services from another vendor?  Yes  No

Any additional comments?

How would CPS Telepharmacy gain remote access to hospital's operating system?

How many simultaneous remote connections can we have at any time?

Is your pharmacy involved in your hospital's Transitions of Care process/program?  Yes  No

Would you like to learn more about our Antibiotic or Opioid Stewardship Program/consulting?  Yes  No

Please return the completed form to:

**Matthew Van Thuyne**  
Regional Vice President, Business Development  
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FX: 610.675.2631

