



REFILL REQUEST FAX FORM

Facility: _____

Person Submitting: _____

Date Faxed In: _____

Phone 320-230-1050 Fax 855-502-1051

Pharmacy Hours- Mon- Fri: 8:30am- 6:30pm Sat: 9:00am- 3:00pm Sun: STAT only

****Refills sent in on Saturday will be processed on Monday****

IMPORTANT--- ONE BARCODE PER BOX PLEASE!! Use Clean form each time you fax!!

RX#
Resident:
Drug:
Qty on Hand:
Comments:

RX#
Resident:
Drug:
Qty on Hand:
Comments:

RX#
Resident:
Drug:
Qty on Hand:
Comments:

RX#
Resident:
Drug:
Qty on Hand:
Comments:

RX#
Resident:
Drug:
Qty on Hand:
Comments:

RX#
Resident:
Drug:
Qty on Hand:
Comments:

RX#
Resident:
Drug:
Qty on Hand:
Comments:

RX#
Resident:
Drug:
Qty on Hand:
Comments:

RX#
Resident:
Drug:
Qty on Hand:
Comments:

RX#
Resident:
Drug:
Qty on Hand:
Comments:

RX#
Resident:
Drug:
Qty on Hand:
Comments:

RX#
Resident:
Drug:
Qty on Hand:
Comments:

RX#
Resident:
Drug:
Qty on Hand:
Comments:

RX#
Resident:
Drug:
Qty on Hand:
Comments:

RX#
Resident:
Drug:
Qty on Hand:
Comments:

Thank You!!