



## REFILL REQUEST FAX FORM

Please send refills as early in the day as possible!

Facility: \_\_\_\_\_

Person Submitting: \_\_\_\_\_

Date Faxed In: \_\_\_\_\_

Ph 320.230.1050 Fax 855.502.1051

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

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

**All Meds on this page needed: Normal Route Today ( ) Normal Route Tomorrow ( )**

**\*\*\* STAT REQUIRES CALL TO PHARMACY \*\*\***

RX#
Resident:
Drug:
<b>Qty on Hnd (Required):</b> _____
Comments:

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Drug:
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