Preferred Care

Fax No:(843)769-6522
or (888) 747-8950

MEDICATION REORDERS

Refills Only

DIRECTIONS: Attach reorder label below and indicate any new directions/label changes and fax form to pharmacy.
Please phone the pharmacy if you need a medication prior to routine delivery.

Facility Name _____ Faxed By _____

Date Faxed _____ Time Faxed _____ Page _____ of _____