



Pick-Up Request Form

Patient Name	Medication Name	Strength	Quantity of Pills	Quantity of Bottles	CIRCLE ONE	CIRCLE ONE
					Repack OR Destroy	Needed: NEXT Business Day OR Next Cycle
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					Repack OR Destroy	Needed: NEXT Business Day OR Next Cycle

Facility Name: _____

Facility Employee Signature: _____

Date: _____

This form must be completely filled out and faxed to Guardian Pharmacy: 912-489-1519 or 866-534-5566

