



### Pick-Up Repack Request Form

Resident Name	Medication Name	Strength	Qty of Pills	Qty of Bottles

Please allow 48 hours turn around time on repack meds.

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