



## Cycle Fill Return Form

In order to best serve you, please use the following process for returning medications after cycle fill check-in.

- Use the Cycle Fill Delivery Sheets included with your cycle fill medications (see example below)
- On the line at the far right, indicate reason for return/credit: hospice, filled by other pharmacy, patient passed away, wrong medication, etc.
- Once completed, fax forms to pharmacy **within 24 hours of cycle fill delivery for full credit.**  
Fax # 520-818-1833.

Example of cycle fill delivery sheet:

Indicate reason for pickup and return for credit here

  

1171 E RANCHO VISTOSO #131 ORO VALLEY, AZ 85755  
 (520) 818-1833

RX #	PATIENT	ROOM	DRUG	QTY	RETURN REASON
0004500	BRIDGES, COREY	2002	ALENDRONATE SODIUM 70 MG	4	_____
0004501	BRIDGES, COREY	2002	METOPROLOL TARTRATE 25 MG	28	_____
0004502	BRIDGES, COREY	2002	OMEPRAZOLE DR 20 MG CAPSU	28	_____
0004503	BRIDGES, COREY	2002	RISPERIDONE 0.5 MG TABLET	56	_____
0004504	BRIDGES, COREY	2002	ASPIRIN 81 MG CHEWABLE TA	28	_____
0004505	BRIDGES, COREY	2002	BENAZEPRIL HCL 20 MG TABL	28	_____
0004506	BRIDGES, COREY	2002	DIGOXIN 125 MCG TABLET	14	_____
0004507	BRIDGES, COREY	2002	DILTIAZEM 90 MG TABLET	112	_____
0004508	BRIDGES, COREY	2002	FUROSEMIDE 20 MG TABLET	56	_____
0004509	BRIDGES, COREY	2002	LORATADINE 10 MG TABLET	28	_____
0004510	BRIDGES, COREY	2002	MUCINEX ER 600 MG TABLET	56	_____
0004511	BRIDGES, COREY	2002	OMEPRAZOLE DR 40 MG CAPSU	56	_____
0004512	BRIDGES, COREY	2002	SENEXON TABLET	56	_____

Any questions or concerns, please do not hesitate to contact the pharmacy staff at 520-818-2883.

Thank you!

Wilmot Extended Care Pharmacy Staff