



Phone: (623) 815-8965 Fax: (623) 815-1222

Phone: (520)-818-2883 Fax: (520)-818-6546

Refill Request Form

Please note: Cycle Fill scripts do not require a request for refill. These prescriptions are on cycle fill and will refill automatically each month. Please call pharmacy if you are short a dose.

Facility Name: _____

Facility Staff Name: _____

Patient Name
(if no barcode)

Medication
(if no barcode)

Rx Number
(Please affix barcode refill label below)

[illegible]