



Phone: 1-866-415-1954 or 207-373-9077

Fax: 1-866-415-1223 or 207-373-9088

Email: ecm.maine@guardianpharmacy.net

REFILL REQUEST FORM

FACILITY _____

DATE FAXED _____

STAFF NAME _____

TIME FAXED _____

Please affix refill medication reorder label or write the refill prescription number in the boxes below:

Place Label/Write Request Below	Pharmacy Use Only	Place Label/Write Request Below	Pharmacy Use Only

Note: Refill request cut-off time is 12pm

Guardian Pharmacy of Maine
"Personal Service is Powerful Medicine"
3 Business Parkway, Suite 2 Brunswick, Maine 04011