

REFILL REQUESTS RECEIVED **BEFORE NOONTIME** WILL BE DELIVERED **SAME DAY**

REFILL REQUESTS RECEIVED **AFTER NOONTIME** WILL BE DELIVERED **NEXT DAY**



REFILL ORDER: **EXPECTED DELIVERY DAY/ DATE:** _____

REFILLS ONLY PLEASE

REFILLS **ABSOLUTELY** Needed Today

Please Check One (IF NOT CHECKED NEXT DAY WILL BE ASSUMED)

**Phone: 1-866-415-1954
(207) 373-9077
Fax: 1-866-415-1223
(207) 373-9088**

Facility Name _____ **Unit** _____

Nurse/Med Tech (required) _____ **Date Faxed:** _____

Affix Refill Medication Reorder Labels or Write the Refill Prescription Number in the Boxes Below

| Place Labels Below | Pharmacy Use Only | Place Labels Below | Pharmacy Use Only |
|---|-------------------|---|-------------------|
| PLACE BARCODED REFILL TAB HERE RIGHT SIDE UP PLEASE | | PLACE BARCODED REFILL TAB HERE RIGHT SIDE UP PLEASE | |
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3 Business Parkway, Suite 2 Brunswick, Maine 04011