



REFILL REQUEST FAX FORM

Please send refills as early in the day as possible!

Facility: _____

Person Submitting: _____

Date Faxed In: _____

Ph 320.230.1050 Fax 855.502.1051

Pharmacy Hours - Mon - Fri: 8:30am - 6:30pm Sat: 9:00am - 3:00pm Sun: STAT only

IMPORTANT --- ONE BARCODE PER BOX PLEASE!! Use Clean form each time you fax!!

All Meds on this page needed: Normal Route Today () Normal Route Tomorrow ()

***** STAT REQUIRES CALL TO PHARMACY *****

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| Drug: |
| Qty on Hnd (Required): _____ |
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