



REFILL REQUEST FAX FORM

Please send refills as early in the day as possible!

Facility: _____

Person Submitting: _____

Date Faxed In: _____

Ph 952.206.4380 Fax 855.707.2501

Pharmacy Hours - Mon - Fri: 8:30am - 6:30pm Sat: 9:00am - 1:00pm 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 *****

RX#
Resident:
Drug:
Qty on Hnd (Required): _____
Comments:

RX#
Resident:
Drug:
Qty on Hnd (Required): _____
Comments:

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Drug:
Qty on Hnd (Required): _____
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Drug:
Qty on Hnd (Required): _____
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RX#
Resident:
Drug:
Qty on Hnd (Required): _____
Comments: