

REFILL REQUEST FORM

24-HOUR SECURE REFILL VOICEMAIL: 541-505-5450

To reorder a Refill for a prescription, peel off the Reorder Tab and place on the form. Fax over to pharmacy with any notes you may have in regards to that prescription. Please allow 5 business days for processing Refill requests.

Facility/Home Name: _____ **Page:** _____ **of** _____ **Date:** _____

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