

Healthcare Pharmacy

MEDICATION REORDER FORM

**REFILLS
ONLY**

Instructions:

1. Peel-off reorder tab from the drug card and place in the square below.
2. Make sure that all labels are pressed firmly on form and transmit to Healthcare Pharmacy on Facsimile machine - 888-668-9975.
3. DO NOT USE FOR NEW ORDERS OR CHANGE IN DIRECTIONS.

"PLEASE NUMBER PAGES"

PAGE _____ OF _____ PAGES.

FACILITY NAME _____			DATE _____
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Thank you.