



MEDICATION REFILL REQUEST FORM

Fax to: (251) 625-6502 OR (866) 478-7909
Attn: Admissions & Billing Departments

****Orders must be received 2 HOURS prior to the daily schedule delivery****

Refill Sticker	Refill Sticker	Refill Sticker		
Refill Sticker	Refill Sticker	Refill Sticker		
Refill Sticker	Refill Sticker	Refill Sticker		
Refill Sticker	Refill Sticker	Refill Sticker		
Refill Sticker	Refill Sticker	Refill Sticker		
Patient Name	Medication	Rx #	Qty. on Hand	Rx Status

Rx Status Key:

Check Mark (√) ----->	Completed / Will Send
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Nurse Ordering: _____

Date: _____

Call M.D. (CMD) ----->	Call to M.D. required for refill Authorization (Rx Advantage, Inc. will request 48-72 hr turn around)
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Notes: _____

7101 Highway 90, Suite 300 • Daphne, Alabama 36526
 Phone (251) 625-6100 • Toll Free (877) 770-7923 • Fax (251) 625-6502 • Toll Free Fax (866) 478-7909

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