

REFILL REQUEST FORM (Non-Cycled Medications Only)

Community Name:	Date & Time Submitted:
Community Staff Member Name:	*ALWAYS write the quantity or doses remaining – specify which type!
	*Do NOT write in 'Pharmacy Response" or "Pharmacy Notes" sections

Date & Time Submitted

Barcode Sticker or Rx Number	Community Notes	Quai Remai	ntity/De ning (S _l		Pharmacy Response	Pharmacy Notes
		Quantity	or	Doses		
		Quantity	or	Doses		
		Quantity	or	Doses		
		Quantity	or	Doses		
		Quantity	or	Doses		
		Quantity	or	Doses		
		Quantity	or	Doses		

Refill requests are processed by the pharmacy team during normal business hours. Reponses to every refill request will be sent to your community - save a copy for your records. Medication refills processed Monday-Friday are filled and delivered automatically on your next regularly scheduled delivery. Medication refills processed on the weekend will be delivered the following Monday unless requested STAT or the quantity/doses remaining will not last until the following Monday.

Shipped medications will be delivered via UPS. UPS operates for 5 business days each week, Monday-Friday (if shipped on Friday, 1 business day = the following Monday). The standard delivery method is 'UPS 3 Day Select' which will arrive at your community in a maximum of 3 business days. This method is automatically selected unless a refill is requested STAT or the quantity/doses remaining will not last until the expected 'UPS 3 Day Select' date. Next day shipping is available Monday-Thursday in emergency situations only. Repeated 'Next Day' shipping requests on routine refills are subject to community charge. UPS does not ship refrigerated medications on Friday.

Fax: (970-461-9089) || Toll Free: (888-810-9089) Phone: (970-461-9101) || Toll Free Phone: (866-810-9101) Email: LTC@gooddaypharmacy.com