REFILL REQUEST FORM (Any Medication)

*	
Good Day	١
PHARMACY	

Community Name:	Date & Time Submitted:
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Community Staff Member Name: ______ *ALWAYS write the quantity or doses remaining – specify which type!

*Do **NOT** write in 'Pharmacy Response" or "Pharmacy Notes" sections

Rx Number or Name	Medication Name/Strength + Community Notes	Quantity/Doses Remaining (Specify)			Pharmacy Response	Pharmacy Notes
		Quantity	or	Doses		
		Quantity	or	Doses		
		Quantity	or	Doses		
		Quantity	or	Doses		
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		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.

Eax: (970-461-9089) || Toll Free: (888-810-9089) || Toll Free (888-810-9089) || Toll Free Phone: (866-810-9101) || Toll F