

Ordering Instructions: Try to avoid phoning in refill orders. Should it become necessary, Please initial phoned box after ordering. Upon receipt of Order initial received box, order as early in the day as possible. Thank you for your order!!!!					
Facility:		Today's Date:			
Prescription Label			Prescription Label		
Prescription #	Doctor:		Prescription #	Doctor:	
Patient Name:			Patient Name:		
Drug:			Drug:		
Directions			Directions		
Initial If: _____ Phoned	_____ Received	_____ D/C	Initial If: _____ Phoned	_____ Received	_____ D/C
Pharmacy Use Only:			Pharmacy Use Only:		
Prescription Label			Prescription Label		
Prescription #	Doctor:		Prescription #	Doctor:	
Patient Name:			Patient Name:		
Drug:			Drug:		
Directions			Directions		
Initial If: _____ Phoned	_____ Received	_____ D/C	Initial If: _____ Phoned	_____ Received	_____ D/C
Pharmacy Use Only:			Pharmacy Use Only:		
Prescription Label			Prescription Label		
Prescription #	Doctor:		Prescription #	Doctor:	
Patient Name:			Patient Name:		
Drug:			Drug:		
Directions			Directions		
Initial If: _____ Phoned	_____ Received	_____ D/C	Initial If: _____ Phoned	_____ Received	_____ D/C
Pharmacy Use Only:			Pharmacy Use Only:		
Prescription Label			Prescription Label		
Prescription #	Doctor:		Prescription #	Doctor:	
Patient Name:			Patient Name:		
Drug:			Drug:		
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Initial If: _____ Phoned	_____ Received	_____ D/C	Initial If: _____ Phoned	_____ Received	_____ D/C
Pharmacy Use Only:			Pharmacy Use Only:		
Prescription Label			Prescription Label		
Prescription #	Doctor:		Prescription #	Doctor:	
Patient Name:			Patient Name:		
Drug:			Drug:		
Directions			Directions		
Initial If: _____ Phoned	_____ Received	_____ D/C	Initial If: _____ Phoned	_____ Received	_____ D/C