MEDICATION REORDERS

Refills Only

Check here if you



DIRECTIONS: If completing form by hand, enter one medication per reorder field, or attach reorder label below and indicate any new directions/label changes. "X" out unused areas and provide form to pharmacy. If faxed, attach activity report after faxing. Please phone the pharmacy if you need a medication prior to routine delivery Put initials in box when received and retain according to facility policy.

Facility Name	Wing/Station	Faxed	Ву		Date	Time Faxe	d AM	Page	
		PEODD	ED OTI	CVEDO	DED C	UCCT	PM	of	
MAXIMUM OF 16 REORDER STICKERS PER SHEET									
				····					

				· · · · · · · · · · · · · · · · · · ·					
									··· ·· · · · · · · · · · · · · · · · ·
PHARMACY Order Taken By Cor USE ONLY	mputer Technician	Picked By	Packed By	Checked By	Checked By	Delivered By	Received B	y Date/1	Гime