

Medication Replacement and Refill Request

Use this form to request
refills and replacement doses

ONLY during downtime. New
orders must be ordered on a
Physician Order Sheet or in
CPOE.

Place
PATIENT STICKER
Here

Fax to: 82187

Medication Name and Strength: Frequency:

Please PRINT

Check the appropriate reason for your request

Replacement Dose(s):

- lost/missing Pyxis out-of-stock
- dropped/spilled wrong dose

Refill request :

Next dose needed by: _____
(time)

Request made by:

(name) _____
(ext.) _____
(date)

(Voalte)

***NOTE: Clinics use requisitions as usual.

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