Medication Replacen	nent and Refill Reque	est	Medication Replacement and Refill Request			
Use this form to request refills and replacement doses ONLY during downtime. New	Place PATIENT STICH Here	KER		Use this form to request refills and replacement dose ONLY during downtime. Ne	es	Place ENT STICKER Here
orders must be ordered on a				orders must be ordered on a	1	
Physician Order Sheet or in				Physician Order Sheet or in		
CPOE.	Fax to: 82187			CPOE.	Fax	to: 82187
Medication Name and	Strength: Frequ	ency:		Medication Name an	d Strength:	Frequency:
Please PRINT Check the appropriate reason for y Replacement Dose(s): Ilost/missing	/our request ☐ Pyxis out-of-stock			Please PRINT Check the appropriate reason for Replacement Dose(s): [] lost/missing	or your request	stock
dropped/spilled	wrong dose			dropped/spilled	wrong dose	
Refill request : Next dose needed by:	(time)			Refill request : Next dose needed by:	(time)	
Request made by:				Request made by:		
(name)	(ext.)	(date)		(name)	(ext.)	(date)
	(Voalte)				(Voalte)	

***NOTE: Clinics use requisitions as usual.

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