



## REQUEST FOR A REFILL OR NEW PRESCRIPTION

AUTO-FAX ELECTRONICALLY TRANSMITTED: 09-06-2020 15:40

10694  
09:5:27-2020

## PRESCRIBER:

Name: RAFAEL ROMERO

From: CVS/pharmacy

Store # 9837

Address: 527 N PALM AVE STE 106  
ONTARIO, CA 917623215Address: 311 S MOUNTAIN AVE  
UPLAND, CA 91786

Phone: 909-391-3423

Phone: 909-981-0717

Fax: 909-391-3424

Fax: 909-981-2749

[Orig. Prescriber:

Patient expects to pick-up prescription at: 09-11-2020 at 12:00

## FOR PATIENT:

Name: HERNANDEZ, NIDIA

DOB: 03-18-1956

Address: 128 LINDA WAY APT 213  
UPLAND, CA 91786

Phone: 909-955-9136

## FOR ORIGINAL PRESCRIPTION:

CVS Rx# 762320

Date Last Filled: 05-27-2020

Medication: BASAGLAR 100 UNIT/ML KWIKPEN

Qty. Prescribed: 15.0 ML Fifteen

Prescribed Refills: 0

Date Written: 05-27-2020

SIG: INJECT 20 UNITS SUBCUTANEOUSLY AT BEDTIME

Pharmacy Comments:

\*\*This Prescription is valid only if transmitted by means of a facsimile machine\*\*

## PRESCRIBER ACTION REQUIRED:

☒ Authorized this time plus 2 additional refills☐ Not Authorized

Prescriber Comments:

Prescriber's Name (Printed): \_\_\_\_\_

Prescriber's DEA # \_\_\_\_\_

Transmitted by: \_\_\_\_\_ (KS/TX ONLY)

DPS # / Oral Code \_\_\_\_\_ (TX/HI ONLY)

Prescriber's Signature: \_\_\_\_\_

Date: 9-8-2020

Massachusetts Only: Interchange is mandated unless Practitioner writes the words "No Substitution"

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FOR CVS USE ONLY:

SRX1

29000000004648211733

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