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| **CONTROLLED STOCK**  **MEDICATION REORDER FORM**  **SCHEDULE III-V ONLY**  **(NOT VALID FOR SCHEDULE II)** | | | | | |  | Pharmacy Services | | | | | | | | | | |
| FACILITY NAME: Mecklenburg County Jail Central - NCMC | | | | | |  | **1.800.523.0008 PLEASE FAX EARLY** | | | | | | | | | | |
| DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Page: \_\_\_\_\_ of \_\_\_\_\_ | | | | | | | **REFILL CUTOFF TIME 5:00PM (ET) THE PREVIOUS DAY** | | | | | | | | | | |
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| NURSE'S SIGNATURE | | |  | DATE | | | | | | |  |  | | | | | | |  |  |
| **THIS ORDER WILL NOT BE FILLED UNLESS IT IS SIGNED BY BOTH THE PRESCRIBING THE PHYSICIAN AND A NURSE**  *Revised December 2011* | | | | | | | | | | | | | | | | |