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| **PATIENT SPECIFIC REFILL FORM** | | | | | |  | |  | | --- | |  | | |  |  | |  | |
| FACILITY NAME: Name and Code | | | | | | Pharmacy Services | | | | | | | | |
| DATE\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Page:\_\_\_\_\_\_ of \_\_\_\_\_\_ | | | | | | **1.800.523.0008 PLEASE FAX EARLY** | | | | | | | | |
| Faxed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_ | | | | | | **REFILL CUTOFF TIME (ET) THE PREVIOUS DAY** | | | | | | | | |
| DO NOT FAX ORIGINAL PEEL OFF LABELS - FAX PHOTOCOPY OF SHEET | | | | | | | | | | | | | | |
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| **When faxing barcode refill stickers, please use the “fine” resolution function on your fax machine.**  This is accomplished by pressing the resolution button on your fax machine 2 or 3 times (choosing either fine or s. fine) **after** placing the refill sheet in the tray. After this function is selected, simply fax as usual. This will increase the accuracy and timeliness of your orders. | | | | | | | | | | | | | | |