

12/16/2011
08:49:38

RITE AID STORE # 10513
2 ROUTE 37 EAST
TOMS RIVER, NJ 08753-5375
TEL: (732) 341-0022
FAX: (732) 341-6877

PHFAX

PAGE: 1

PRESCRIPTION REFILL REQUEST

PATIENT NAME.....: SVEHLA, SHELBY
PATIENT ADDRESS...: 836 COLONIAL DR

PATIENT PHONE.....: TOMS RIVER, NJ. 08753-5375
PATIENT DOB.....: (732) 503-5381
 : 04/04/1993

RX NUMBER.....: 170899
DATE WRITTEN.....: 10/24/2011
LAST REFILL DATE..: 10/24/2011
DESCRIPTION.....: SUMATRIPTAN SUCC 50 MG TABLET
QTY REQUESTED....: 10.000
REFILLS WRITTEN...: 0
DAYS SUPPLY.....: 25
DAM.....: NO PRODUCT SELECTION INDICATED

SIG.....: TAKE 1 TABLET DAILY

PRESCRIBER NAME...: YASSIN, MAHMOUD
PRESCRIBER ADDR...: 115 LACEY RD
 : FORKED RIVER, NJ. 08731-4235
PR. PHONE NBR.....: (609) 971-0010
PR. REFILL NBR.....: (609) 242-1906
PR. FAX NBR.....:

SAVE TIME BY MANAGING RENEWAL REQUESTS ELECTRONICALLY. VISIT www.surescripts.com/refills TO LEARN MORE.

() APPROVE THIS FILL PLUS ____ REFILLS
() APPROVE PRN TO DATE ____/____/____
() DO NOT APPROVE

Prescriber's Signature: _____
Date: _____

***** THIS REPORT CONTAINS PATIENT INFORMATION WHICH IS LEGALLY PROTECTED UNDER HIPAA LEGISLATION. *****
***** IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, DO NOT DISTRIBUTE THE INFORMATION ANY FURTHER. *****
***** PLEASE IMMEDIATELY NOTIFY US AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS. *****
***** TO FIND A RITE AID STORE NEAR YOU VISIT US AT <http://www.riteaid.com> *****