

**REQUEST FOR A REFILL OR NEW PRESCRIPTION**

AUTO-FAX ELECTRONICALLY TRANSMITTED:

**PRESCRIBER:**

Name: MELODY HARVEY  
Address: 7461 EAST DRIVE  
MONTGOMERY, AL 00003-6117  
Phone: 334-244-3281  
Fax: 334-244-3396

**From: CVS Pharmacy**  
Store #: 7063  
Address: 55 RAY THORINGTON RD  
MONTGOMERY, AL 36117  
Phone: 334-215-4381  
Fax: 334-215-4387

**Patient expects to pick-up prescription: Tomorrow 11 AM****FOR PATIENT:**

Name: HOGAN, JAN  
DOB: 12/07/1962  
Address: 2233 HALCYON BLVD  
MONTGOMERY, AL 36117  
Phone: 334-546-8774

**FOR ORIGINAL PRESCRIPTION:**

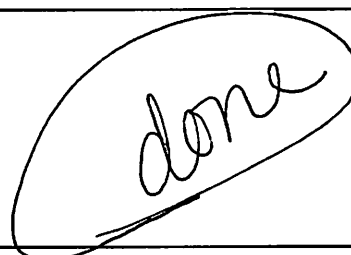
CVS Rx# 1065868 Date Last Filled: 2/11/2020  
Medication: FLUTICASONE PROP 50 MCG S  
Qty. Prescribed: 16  
Prescribed Refills: 1  
Date Written: 2/11/2020  
SIG: SPRAY 1 - 2 SPRAYS IN EACH NOSTRIL BY DAILY

Pharmacy Comments:

**PRESCRIBER ACTION REQUIRED:**

- ☐ Authorized this time plus \_\_\_\_\_ additional refills  
☐ New Prescription Authorized plus \_\_\_\_\_ 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: \_\_\_\_\_  
Massachusetts Only: Interchange is mandated unless Practitioner writes the words "No Substitution"

The information contained in this electronic message as well as any attachments to this message are intended for the exclusive use of the intended recipient and may contain confidential or privileged information. If you are not the intended recipient, please destroy all copies of this message as well as its attachments and advise the sender immediately.

**FOR CVS USE ONLY:****REQUEST FOR A REFILL OR NEW PRESCRIPTION**

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**PRESCRIBER:**

Name: MELODYE HARVEY  
Address: 7461 EAST DRIVE  
MONTGOMERY, AL 00003-6117  
Phone: 334-244-3281  
Fax: 334-244-3396

**From: CVS Pharmacy**

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Address: 55 RAY THORINGTON RD  
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**Patient expects to pick-up prescription: Tomorrow 11 AM****FOR PATIENT:**

Name: HOGAN, JAN  
DOB: 12/07/1962  
Address: 2233 HALCYON BLVD  
MONTGOMERY, AL 36117  
Phone: 334-546-8774

**FOR ORIGINAL PRESCRIPTION:**

CVS Rx# 1065863 Date Last Filled: 2/11/2020  
Medication: LEVOCETIRIZINE 5 MG TABLE  
Qty. Prescribed: 30  
Prescribed Refills: 1  
Date Written: 2/11/2020  
SIG: TAKE 1 TABLET BY MOUTH EVERY DAY IN THE EVENING

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Pharmacy Comments:

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**PRESCRIBER ACTION REQUIRED:**

- ☐ Authorized this time plus \_\_\_\_\_ additional refills  
☐ New Prescription Authorized plus \_\_\_\_\_ 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: _____                          |
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done