

2017/08/04 19:45:15 1 /1



Prescription Refill Request

795 WILSON ST
WETUMPKA, AL 36092
Tel: 334-514-7135 Fax: 334-514-2257

Date: 08/04/2017

Time: 7:45 PM

Prescriber Information:

Physician: RAMONA LAZENBY
Address: 7500 EAST DR
MONTGOMERY, AL 36117

Phone: 334-244-3663
Fax: 334-244-3243
DEA #:

Patient Information:

Patient: PAIGE HINES
Address: 103 PAULINE CR
WETUMPKA, AL 36092

Birthdate: 03/05/1977
Med Record #:
Phone: 334-313-1579

Prescription Information:

Rx Number: 693665-10664
Drug: FLUOXETINE 40MG CAPSULES
Generic For:
Sig: TAKE 1 CAPSULE BY MOUTH EVERY DAY

Requested P/U Time: 08/05/2017 11:00AM
Prescribed Qty: 30
Last Refill: 06/07/2017

☐ Denied

☐ If there are NO changes to the Rx please
circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply
PLUS # of additional Refills:

PRN 3 2 1 0

If there ARE changes to the Rx please
check box and write in changes.

☐ Drug: _____

☐ Directions: _____

☐ Refills: _____ ☐ Qty: _____

Authorized by:

Carol Stewart CRNP / Amy Morris RN-BC
Product Selection Permitted

Dispense as Written

Please fax back to Walgreens at: 334-514-2257

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