

Pharmacy Health Services
James I. Harrison School of Pharmacy

AUPCC
2155 Walker Building
Auburn, AL 36849
Phone: (334) 844-4099
FAX: (334) 844-4019
E-mail: aupcc4u@auburn.edu

AU Student Pharmacy
400 Lem Morrison Dr.
Auburn, AL 36849
Phone: (334) 844-4641
Fax: (334) 844-4969
E-mail: austudentrx@auburn.edu

AU Employee Pharmacy
2150 Walker Building
Auburn, AL 36849
Phone: (334) 844-8938
Fax: (334) 844-8983
E-mail: auemployeeerx@auburn.edu

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FAX Correspondence

Attention:	
FAX #:	286-2397 012:25
Phone #:	286-2390
Date	6/7/10
# of Pages Including fax cover sheet	2

☐ Urgent ☐ For Your Review ☐ For Your Records ☐ Please Comment ☐ Please Reply

From:	
Subject:	REFILL REQUEST
Notes:	

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Rx Refill Request

06/07/10

11:45

TO: MARYLUZ FUENTEZ, MD
421 ST LUKES DRIVE

DEA#: BF6451520

NPI#:

Phone#: (334)-244-3281

MONTGOMERY, AL 36117

FROM: AUPCC Pharmacy
2150 Walker Building
Auburn University, AL 36849

Patient Info: WANDA JO FAUST
AUM GOODWYN HALL RM 311
195 OLD BA
TALLASSEE, AL 36078

Patient ID: 3277

DOB: 07/02/52 **Phone:** (334)-398-1101

Chart#:

SSN: 423-74-4361

Drug Info: VITAMIN D Equivalent to DRISDOL

50111-0990-01

Form: CAP **Strength:** 50000UNT **DAW:** 0 - No DAW

TAKE ONE CAPSULE BY MOUTH WEEKLY

RX#: 122706 - 0

Qty Filled: 12.000

Filled By: DB

Filled Date: 02/05/10

Orig Date Written: 02/05/10

Authorization

☐ Not Authorized

☐ Authorized this time plus _____ additional refills

Date: _____

Prescriber Comments/changes:

MD

Product Selection Permitted

MD

Dispense As Written

Notes:

Doctor Phone: (334)-244-3281

Doctor Fax: (334)-244-3396

Pharmacy Phone: (334)-844-8938

Pharmacy Fax: (334)-844-8983

Rx Refill Request

06/07/10

11:45

TO: MARYLUZ FUENTEZ, MD
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FROM: AUPCC Pharmacy
2150 Walker Building
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Patient Info: WANDA JO FAUST
AUM GOODWYN HALL RM 311
195 OLD BA
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Patient ID: 3277

DOB: 07/02/52 **Phone:** (334)-398-1101

Chart#:

SSN: 423-74-4381

Drug Info: VITAMIN D Equivalent to DRISDOL

50111-0990-01

Form: CAP **Strength:** 50000UNT

DAW: 0 - No DAW

TAKE ONE CAPSULE BY MOUTH WEEKLY

RX#: 122706 - 0

Qty Filled: 12.000

Filled By: DB

Filled Date: 02/05/10

Orig Date Written: 02/05/10

Authorization

☐ Not Authorized

☐ Authorized this time plus _____ additional refills

Date: _____

Prescriber Comments/changes:

MD

MD

Product Selection Permitted

Dispense As Written

Notes:

2nd request
rec 6/8/10 2:25
2:31
Spoke to Jennifer
at All Pharmacy regarding
primary physician phone #
location. @

Doctor Phone: (334)-244-3281

Doctor Fax: (334)-244-3396

Pharmacy Phone: (334)-844-8938

Pharmacy Fax: (334)-844-8983

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