



CVS/pharmacy



REQUEST FOR A REFILL OR NEW PRESCRIPTION

AUTO-FAX ELECTRONICALLY TRANSMITTED: 12-06-2025 10:30

PRESCRIBER:

Name:	LINDSEY BARTON	From:	CVS/pharmacy
		Store #	4856
Address:	7461 EAST DRSTE 102	Address:	3190 ZELDA RD.
	MONTGOMERY, AL 361177137		MONTGOMERY, AL 36106
Phone:	334-568-2120	Phone:	334-261-1071
Fax:	334-244-3396	Fax:	334-261-6551
[Orig. Prescriber:			

Patient expects to pick-up prescription at: 12-11-2025 at 12:00

FOR PATIENT:

Name: STREATY, JULIET
DOB: 08-07-1971
Address: 536 Paddock Lane
Montgomery, AL 36109
Phone: 803-743-5146

FOR ORIGINAL PRESCRIPTION:

CVS Rx#	1758807	Date Last Filled:
Medication:	LORATADINE 10 MG TABLET	
Qty. Prescribed:	90.0 EA Ninety	
Prescribed Refills:	1	
Date Written:	06-23-2025	
SIG:	TAKE 1 TABLET BY MOUTH EVERY DAY	

Pharmacy Comments:

****This Prescription is valid only if transmitted by means of a facsimile machine****

PRESCRIBER ACTION REQUIRED:

☐ Authorized this time plus _____ additional refills

☒ Not Authorized

- Pt has not been seen in over a year, & we have never given loratadine

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: SRX1 29000000010909345272

REQUEST FOR A REFILL OR NEW PRESCRIPTION