

REFILL AUTHORIZATION REQUEST

Prescriber:

Request Date:
05/26/2012

Pharmacy:

COSTCO PHARMACY #97
13130 SE 84TH AVE
CLACKAMAS OR 97015
(503)794-5520

Fax:(503)794-5528

Patient:

15

Prescription:

Rx#1184973

~~VETMEDIN 5MG CHEWABLE~~

Qty: 50

Last Refilled On: 04/23/2012 FOR QTY 50

03/20/2012

02/16/2012

01/19/2012

50

50

50

Sig:

GIVE 1 TABLET BY MOUTH IN
THE AM AND 1/2 TABLET BY
MOUTH IN THE EVENING

Orig Date: 01/11/2012 With 8 Refills

Qty Owed: 250

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*Owner requesting New Rx
Enalapril 10mg # 90*

Authorization:

Fax to (503)794-5528
Or Call (503)794-5520

For:

Date 05/26/2012

~~VETMEDIN 5MG CHEWABLE~~

Qty Rem: 250

Disp: 50

Last: 04/23/2012
Prev Rx#: 1184973

GIVE 1 TABLET BY MOUTH IN THE AM AND 1/2 TABLET BY
MOUTH IN THE EVENING

Refill this time _____ plus _____ Additional Refills

By: _____ Quantity: _____

Sign Here == >

Substitution Permitted

Dispense as Written

PLEASE PROVIDE
PRESCRIBER'S NPI:
(National Provider Identifier)
