

# FusionCare Pharmacy

FACILITY NAME \_\_\_\_\_

## MEDICATION REORDER FORM

DATE \_\_\_\_\_

**Instructions:**

1. Peel-off reorder tab from the drug card and place in the square below.
2. If new order or change of direction, please indicate below.
3. Make sure that all labels are pressed firmly on form and transmit to FusionCare Pharmacy on Facsimile machine 318-445-8979 or 877-485-6979.

**"PLEASE NUMBER PAGES"**

PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES.

	Please write direction changes here		Please write direction changes here

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Thank you.