



821 S. 38TH Street Tacoma, WA 98418
PH:253-473-1155 FX: 253-473-1158

REFILL REQUEST

Community: _____ Date: _____

Requested By: _____

Fax refill requests to Lincoln Pharmacy and allow 24-48 hours for processing and delivery. Fax communication will occur if medication or refill not available. Keep this form and fax confirmation until the medication has been delivered.

Rsd. Name: _____ Date of Birth: _____ Medication: _____ Instructions: _____ Rx Number: _____ Comment: _____	Rsd. Name: _____ Date of Birth: _____ Medication: _____ Instructions: _____ Rx Number: _____ Comment: _____	Rsd. Name: _____ Date of Birth: _____ Medication: _____ Instructions: _____ Rx Number: _____ Comment: _____
Rsd. Name: _____ Date of Birth: _____ Medication: _____ Instructions: _____ Rx Number: _____ Comment: _____	Rsd. Name: _____ Date of Birth: _____ Medication: _____ Instructions: _____ Rx Number: _____ Comment: _____	Rsd. Name: _____ Date of Birth: _____ Medication: _____ Instructions: _____ Rx Number: _____ Comment: _____
Rsd. Name: _____ Date of Birth: _____ Medication: _____ Instructions: _____ Rx Number: _____ Comment: _____	Rsd. Name: _____ Date of Birth: _____ Medication: _____ Instructions: _____ Rx Number: _____ Comment: _____	Rsd. Name: _____ Date of Birth: _____ Medication: _____ Instructions: _____ Rx Number: _____ Comment: _____
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