MEDS for VETS Compounding Pharmacy

9550 South State Street Sandy, UT 84070
Phone: 1-833-633-4838
Fax: 1-866-725-8805

PRESCRIPTION REFILL FAX FORM to be faxed by the practice only
ALL AREAS MUST BE COMPLETED FOR PROPER PROCESSING

DATE: ____/_____/_____.

Prescribing Doctor Name as it appears on License _____ Signature _____

CLINIC Name _____ Phone # _____

RX Number	Patient First & Last Name	Drug	Strength	Form	Qty

CONFIDENTIALITY NOTICE