Bremo PHARMACY
LONG TERM CARE

Service Beyond Comparison
www.BremoRX.com

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Tel 804.285.7823 / *Fax* 804.285.7857 / *Toll Free* 800.346.2058
For secure email options please visit **BremoRX.com/secure**

Medication Re-order Form

Group/Adult Home: _____

Contact Person: _____ Contact Phone: _____

Contact Fax#: _____

Please remove the reorder label from the prescription label and place the label on this form in the first column. Complete the amount needed and the date needed. Once complete, Fax this form to the fax number listed above. We will fill and send your refill as soon as possible. In order to improve our delivery efficiency, weekly reordering is appreciated.

Refill sticker	Amount Needed	Date needed	Refill sticker	Amount Needed	Date needed

Long Distance Fax # 1-866-682-5969