

*Please provide us with some information to allow us to review your refill request prior to a team member calling or emailing you.*

**Note:**

- This form is for refills only. New prescriptions can be called into the pharmacy by your provider, **(207) 619-7272** faxed to the pharmacy, **(207) 619-7273** or emailed at **info@scirxpharmacy.com**.
- **Please allow 24 hours** for us to complete your compounded prescription for pick up or mailing. (this does not include Sundays or holidays)
- Please provide us the best method to contact you to arrange for pick up or mailing of your prescription and payment details.

**Your name:** \_\_\_\_\_

**Patient name:** \_\_\_\_\_

**Rx or Prescription number:** \_\_\_\_\_

*\*This number is located on the upper left of your prescription vial or brown bag of the transdermal pen.*

**Delivery Method:**    **Pick Up**       **Mail**

**Email address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Best method to contact you?** \_\_\_\_\_

**When would you like this prescription ready?** \_\_\_\_\_

*Thank you for choosing SCIRx!*



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Falmouth, Maine 04105  
(207) 619-7272 Tel  
(207) 619-7273 Fax  
info@scirxpharmacy.com  
Hours of Operation:  
Mon - Fri 10am - 6pm | Sat 9am - Noon