

Date: 02/20/2008
Company: AmMed HomeCare Pharmacy
Contact Number: +1 (888) 625-4505
Return Fax: +1 (877) 454-2722

A32796



Exception Id: 441205
Order Number: 138745
Rx Number: 054990

Attention: DR. DOCTOR TEST
Phone: +1 (213) 223-3243

Practice: TEST GENERAL PRACTICE
Fax: +1 (131) 123-2132

We were unable to process an order or prescription for your patient due to the reason(s) listed below. Please indicate your response(s) to issue(s) below and promptly return to prevent any disruption of service to your patient. Thank-you.

Patient Prescription Information

Patient Name: PATIENT,DEFAULT
Patient Address: 123567 MAIN STREET DOYLESTOWN PA USA
Birth Date: 09/17/1961
Written Product: ALBUTEROL AER 90 MCG/ACT
Quantity: 30
Refills: 11
Directions: TWICE PER DAY

Problem Information

NO REFILLS REMAINING

Resolution

please advise on refills or renew rx

Changes: _____

Please date, sign and return fax to the number provided above. If you have questions please feel free to contact us.

*Date Required: _____

*Signature _____

*NPI Number: _____

Comments: _____