

Phone (757) 749-4838 Fax (757) 932-9325 **AnimalVisionCenterVA.com** 520 Constitution Drive, Virginia Beach, VA 23462 228 Mount Pleasant Road, Chesapeake, VA 23322

So they can see a better life.

Prescription Refill Form

You may request a medication refill by calling the office directly, submitting this form online, or by filling out and faxing this form to (757) 932-9325. Please allow at least 1 business day to process your refill request. All refill requests will be evaluated and approved by an AVCVA veterinarian, or an AVCVA team member, based on the veterinarian's written prescription in the patient file.

Please note: By law, a new examination may be required prior to refilling medications dependent upon the last examination date. Many conditions require more frequent evaluation for medication titration, and will be refilled up to the date of the recommended recheck evaluation.

OWNER'S NAME:	PHONE NUM	PHONE NUMBER: PATIENT BREED:		
PATIENT'S NAME:	PATIENT BR			
MEDICATIONS Y	OU WOULD LIKE RI	EFILLED:		
Name of Medication:	Quantity:	Quantity:		
WHEN MY PRESCRIPTION IS READY, I WOULD LIKE	: то:			
Pick it up from Animal Vision Center of Virginia - Virginia		tution Dr)		
Pick it up from Animal Vision Center of Virginia - Chesa				
Pick it up from a pharmacy of my choosing				
Pharmacy Name:	Pharmacy Pho	Pharmacy Phone Number:		
Have my prescription mailed to my residence (note a \$7 s	shipping fee)			
Street Address:	City:	State:	Zip:	
Type of Credit Card: Num	nber:	Exp. Date:	CV code:	
SIGNATURE		DATE:		