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 Dr. Heather, or an Animal Vision Center of Virginia team member, based on Dr. Heather's written prescription in the patient file.

Please note: By law, we can only refill medications up to 1 year following 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'S NAME:	PATIENT BR	PATIENT BREED:		
	ICATIONS YOU WOULD LIKE RE	FILLED:		
Name of Medication:	Quantity:			
WHEN MY PRESCRIPTION IS READY, I V	VOULD LIKE TO:			
Pick it up from Animal Vision Center of Vir	rginia - Virginia Beach (520 Consti	tution Dr)		
Pick it up from Animal Vision Center of Vir	ginia - Chesapeake (228 Mt. Pleas	ant Rd)		
Pick it up from a pharmacy of my choosing	9			
Pharmacy Name:	Pharmacy Pho	Pharmacy Phone Number:		
Have my prescription mailed to my reside	nce (note a \$7 shipping fee)			
Street Address:	City:	State:	Zip:	
Type of Credit Card:	Number:	Exp. Date:	CV code:	
SIGNATURE		DATE: _		