

## **Need a Prescription Medication Refilled?**

### **Choosing the best refill option for you:**

Has your doctor included refills on your prescription? Check the label. If the label shows a number next to the “refills” section, that’s how many times you can get more of your medicine without going back to see your doctor or health aide.

### **In person:**

Go to the Kakanak Pharmacy.

### **By phone:**

- If you have a health aide in your community – Call and she/he will check if you have any refills available/left. If current, the health aide will order medication, if not current, the health aide will call the patient to be seen and to consult with a physician to determine if refilling is an option.
- Call the Pharmacy 1-907-842-9235 (**listed on your medication label**). This is a direct line to the Pharmacy Department. If staff are busy then this number may be routed to voice mail to leave a message.
- Call the main Kakanak Hospital number during office hours, 1-907-842-5201 or 1-800-478-5201 and ask to be connected to the Pharmacy Department. You will be routed to the 842-9235 number.
- Call the automated refill line (**listed on your medication label**) at 1-907-842-9402 or toll free from outside Dillingham 1-877-842-9402 (to use you will need your **chart number** and **prescription (RX) number which can be found on your prescription label**).

### **You should know:**

- Medications which are not a controlled substance may be refilled 7 days before you are out (this would be the 23rd day of a 30 day prescription).
- A controlled substance may be refilled 2 days before you are out. Regulations allow refill when 93% of the medication is gone (this would be on the 28th day of a 30 day prescription). Controlled substances require a signed doctor’s order **before** medication can be refilled.
- If you order a refill on a Friday, or before a holiday weekend, please call early in the morning and ask the Health Aide to call the pharmacy by 12 pm (to ensure there is an order) – this will allow your medication to be mailed out Friday afternoon.

## **Always Take Your Medication As Prescribed**



*Our mission is to provide quality health care with competence and sensitivity*

Bristol Bay Area Health Corporation • P.O. Box 130 • Dillingham, AK 99576 • 907-842-5201 • 1-800-478-5201 • www.bbahc.org

Processing pharmacist's initials

Prescription refills remaining... after refills are finished and more is needed you will need to make arrangements with a provider to issue more medication

Pharmacy main phone number

Dillingham/Aleknagik – local automated refill phone line, included toll free for other communities

Medication fill date

Number used by pharmacy to identify this medication for refills: **RX# 718513**

Instructions about how often and when to take this medication: **TAKE ONE (1) TABLET BY MOUTH EVERY 4 HOURS IF NEEDED FOR PAIN OR FEVER**

Quantity of tablets in container: **Qty: 180 Tab**

Name of drug and strength of drug: **Acetaminophen Q-Pap 25 mg Tab Qualitest**

Pharmacy information: **KANAKANAK HOSPITAL PO BOX 130 DILLINGHAM, AK 99576 Ph: 907.842.9235**

Refill information: **Refills Remaining: 3 DILLINGHAM**

Physician information: **LOERA,ARNOLD**

Discard date: **Discard after 06/23/2016**

Caution: **KEEP OUT OF REACH OF CHILDREN CAUTION: Federal Law prohibits transfer of this drug to any person other than for whom prescribed**

Barcode: **0-20**

Manufacturer information: **Round White 0027 V**

Warnings: **Do not drink alcoholic beverages when taking this medicine. This medicine contains Acetaminophen. Taking more than recommended may cause serious liver problems. Do not take other Acetaminophen containing products at the same time without first checking with your doctor.**

Number used by pharmacy to identify this medication for refills

Instructions about how often and when to take this medication

Quantity of tablets in container

Name of drug and strength of drug

Medication fill date

Pharmacy main phone number

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Refill Phones: **Local: 907-842-9402 Toll Free: 1-877-842-9402**

Chart: **301301**

Physician prescribing the drug: **LOERA,ARNOLD**

Your identifying medical chart number: **0027 V**

Precautions regarding prescription: **Do not drink alcoholic beverages when taking this medicine. This medicine contains Acetaminophen. Taking more than recommended may cause serious liver problems. Do not take other Acetaminophen containing products at the same time without first checking with your doctor.**

Identifies what your medication looks like. Color, shape, or size may differ depending on the manufacturer. Check to assure that the medication looks like this - if not, call the pharmacy/hospital immediately.

Controlled substances, i.e. pain medications can only be refilled with a physician's signed orders and no sooner than 2 days before the end of the prescription.