



15800 SW Upper Boones Ferry Rd.,
Suite 300, Lake Oswego, OR 97035
Phone : 971-727-3059 | Fax : 503-433-1932
info@heartoregon.com

www.heartoregon.com

Prescription Refill Request:

If your prescription is being filled at an outside pharmacy, then please call that pharmacy directly if repeat prescriptions are authorized.

Otherwise, please fill out the following form to submit your prescription refill request, or email us with directly with the information below at info@heartoregon.com. All items in the form below are required to ensure your request will be processed correctly. Please allow 48 hours for processing.

Owner(s) Information:

First Name: _____ Last Name: _____

Pet's Full Name: _____

Prescription Drug Name: _____

(Strength mg) (Quantity Requested) (Instructions for use) _____

Contact phone(s): _____

Cell Landline Cell Landline

(Primary) (Secondary) (Work / Other)

Owner email: _____

Pick up at an outside pharmacy Yes

Pharmacy Information:

Store Name: _____ Store Phone: _____

Store Address: _____

_____ (City) _____ (State) _____ (Zip)

Pick up at Heart of Oregon Veterinary Cardiology, 15800 SW Upper Boones Ferry Rd., Suite 300, Lake Oswego, OR 97035: Yes

Have Heart of Oregon mail out using Priority Mail (additional \$7.15; 2 business days in addition to 48 hour processing) Yes No