



Service Beyond Comparison

www.BremoRX.com

2002 Staples Mill Road Richmond, VA 23230  
 Tel 804.285.7823 / Fax 804.285.7857 / Toll Free 800.346.2058  
 For secure email options please visit [BremoRX.com/secure](http://BremoRX.com/secure)

## Medication Re-order Form

**Group/Adult Home:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Contact Fax#:** \_\_\_\_\_

Please remove the reorder label from the prescription label and place the label on this form in the first column. Complete the amount needed and the date needed. Once complete, Fax this form to the fax number listed above. We will fill and send your refill as soon as possible. In order to improve our delivery efficiency, weekly reordering is appreciated.

Refill sticker	Amount Needed	Date needed	Refill sticker	Amount Needed	Date needed

Long Distance Fax # 1-866-682-5969

A Proud Member of  Health Mart.

**Bremo LTC Pharmacy** / 2002 Staples Mill Road Richmond, VA 23230 / Tel 804.285.7823 Toll Free 800.346.2058 Fax 804.285.7857  
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**Bremo Pharmacy @ Henrico Doctors** / 7601 Forest Avenue Richmond, VA 23229 / Tel 804.285.7730 Fax 804.285.8769