



Mayfair Pharmacy

128 - 6707 Elbow Drive SW Calgary, AB T2V 0E3

P: 403.259.6893 F: 403.255.1971 E: mayfairpharmacy@pharmachoice.ca

Prescription Refill Order Form

Patient Name: _____

Contact phone # _____

Text message or email (if preferred): _____

Rx # or Drug Name

Quantity

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Circle below: (Please note that our delivery service is free within Calgary and Xpresspost is free within Western Canada)

1. I will pick-up
2. Deliver to my home
3. Deliver to my work address
4. Deliver to another address: _____
5. Xpresspost to my home
6. Xpresspost to another address: _____

If delivery, can it be left in the mailbox, between doors, etc? _____

Specify when you would like your medication: _____

Please indicate any other instructions here:

Fax this form to 403-255-1971. You can also email it to mayfairpharmacy@pharmachoice.ca or text a photo to 403-973-1919.

Thank you!