



RESPONSE REQUESTED:
ALTERNATIVE REQUESTED

PRESCRIBER:

Name: KAREN HERBST

Address: 6365 E TANQUE VERDE RD, STE 200
TUCSON, AZ 857153830

Phone: 310-882-5454

Fax: 310-747-5908

From:

Store #:

Address:

Phone:

Fax:

CVS/pharmacy

9274

615 N. ALVERNON
TUCSON, AZ 85711

520-320-1184

520-320-3792

PATIENT:

Name: LOGELIN, TRACY N

DOB: 10-11-1970

Address: 1336 W CAMINO LUCIENPES
GREEN VALLEY, AZ 85622

Phone: 612-671-9127

PRESCRIPTION INFORMATION:

Rx #: 1151414
0

Drug:
VASCULERA 630 MG TABLET

Sig:
TAKE 1 TABLET BY MOUTH EVERY DAY

Quantity: 90.0

Date Written: 10-25-2023

REASON FOR REQUEST:

ALTERNATIVE REQUESTED

PHARMACY COMMENTS:

ALTERNATIVE REQUESTED :THIS MEDICATION IS OVER \$7000

Thank you in advance for taking the time to review this information.

Sincerely,

Your local CVS Pharmacist

SUGGESTED ALTERNATIVES:

RESPONSE REQUESTED:

Please send a new prescription, if appropriate (refer to store info above)

- OR -

☐ **FILL AS IS** – Fill original prescription as written. Do not change to alternative.

☐ **DENIED** – Do not fill requested prescription. Will consult with patient.

MD Comments:

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