

Refill Request

Following is the Refill Rx Request for:

Customer:

First Name	Don
Last Name	Deen
Date Of Birth	2000-1-1
Email Address	mail@mail.com
Mobile Number	38930303

Rx to Refill:

S.No	Prescription Name	Prescription Number
1	VIIBRYD TAB 20MG	6003221

Additional Notes:

- Customer has requested refill via Pharmacy Online
- Should you need any further clarification do not hesitate to contact us at: costco@mscripts.com

Thanks,
Administrator

Note: *This is an autogenerated email. Please do not reply to this e-mail.*

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