



CORNERSTONE
Health Solutions

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Randolph, MA 02368
Phone: 781-805-8220
Spec Fax: 781-805-8245

VIVITROL® Reorder Form *(This is not a prescription)*

This form **MUST** be completed and faxed back to
Cornerstone Health Solutions for each refill of **Vivitrol®**

Date Last Injection Given: _____

Date of Next Appointment: _____

If the patient will not be receiving their next injection at your site/location, please provide the following information for the site/location where the patient will be receiving their next injection.

Patient Name: _____

DOB: _____

Clinic Contact: _____

Phone Number: _____

- We do not know where the patient will receive their next injection

Notes to the pharmacy

Therapy Complete / Discontinue: YES or NO

Physician's Signature

Date

Please fax this form to 781-805-8245
Thank you for using Cornerstone Health Solutions

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