## Medicare Part B refill request and Lot# -- Tracking

Quanity of requested item

Date of refill request	Time of request	Authorized represenatitive or Beneficiary requesting refill	Medicare Beneficiary	Descripiton of item requested	remaining (proof of exhaustion)	Employee taking request	Lot# of Item Dispensed
7542.551	1						
	+						
	+						
	-						
	<u> </u>						