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| Company Information – Pfizer Connection to Care Program  |
| Company Name  | Pfizer  |
| Medication Names | Xalatan |
| Mailing Address | P.O. Box 66585, St. Louis, MO 63166-6585 |
| Phone | 1-866-706-2400 |
| Fax | 1-866-470-1748 |
| Website | [www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com) |
| Other Instructions |  |
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| Application Information – All applications require the doctor’s signature |
| Send completed application  | Attach Proof of Income to all applications |
| Mail completed form to CECA:10431 Patterson Ave, Richmond, VA 23238 | The doctor will sign the form, We will mail it back to you to send in.*New Applications for Pfizer must be mailed* |
| Application valid for: | Valid for 1 year |
| Amount received each order: | You will receive a 90 day supply  |
| Refill and Renewal Information |
| Renewal application to be done: | A Renewal application should be done each year |
| Refills to be done: | Re-order when you start the last bottle! |
| Automated Refill Options: | 1-866-706-2400  |
| Refill Options: | You can refill using the automated system or by faxing/mailing the re-order form  |
|  |
| Commonwealth Eye Care Contact Information |
| Shauna Shirey, COA  | Phone: 804-217-6363 Email: shauna@commonwealtheye.com |
| Stacy Wright, COA | Phone: 804-217-6363Email: stacy@commonwealtheye.com |