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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: 804-217-6363  Email: stacy@commonwealtheye.com |