

## Prescription Refill Form

- **DO NOT use this form for urgent refill requests; please call the office.**
- **Requests using this form may take up to 3 days to process.**
- **Certain controlled substances (Ritalin, Adderall, Concerta, Metadate, Dexedrine, Focalin, and Vyvance) cannot be called in; they must be picked up in person at the office.**
- **Please use a separate form for each medicine request.**

Your Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Child's Name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
Telephone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_ @ \_\_\_\_\_  
Pharmacy: \_\_\_\_\_  
Pharmacy Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name of Medication: \_\_\_\_\_  
Form of Medicine (i.e. Chewable, Liquid, Tablets) \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Reason for Administration of Medication: \_\_\_\_\_