

Prescription Refill Request Form

All prescription refill requests require the following information for your safety:

1. Full name, as appears on your insurance card.

2. Your birth date.

3. A telephone number where you can be reached.

4. The complete name of the medication.

5. The dosage of the medication. (Strength i.e.... 30mg, 2.5%, etc...)

6. The frequency with which the medication is taken.

7. The quantity requested. (Number 30, 90, or 1 month supply, 3 month supply).

8. The number of refills requested. (1 refill, 1 year, etc...)

9. The name and telephone number of your pharmacy.

10. Any medication allergies.

11. A list of all other medications both prescribed and non-prescribed that you are taking
