

# Prescription Refill Request

Name \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Please have my prescription(s):  
ready for pick-up at the office  
called to my pharmacy at (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
mailed to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
faxed to: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Prescription # 1: \_\_\_\_\_  
Rx number (if available): \_\_\_\_\_  
Number of tablets: \_\_\_\_\_  
Dosing instructions: \_\_\_\_\_

Prescription # 2: \_\_\_\_\_  
Rx number (if available): \_\_\_\_\_  
Number of tablets: \_\_\_\_\_  
Dosing instructions: \_\_\_\_\_

Prescription # 3: \_\_\_\_\_  
Rx number (if available): \_\_\_\_\_  
Number of tablets: \_\_\_\_\_  
Dosing instructions: \_\_\_\_\_

Prescription # 4: \_\_\_\_\_  
Rx number (if available): \_\_\_\_\_  
Number of tablets: \_\_\_\_\_  
Dosing instructions: \_\_\_\_\_

Dr. Restifo Dr. Thomas Fax (202) 364-6513
Dr. Chester Dr. Schubert Dr. Umhau Dr. Yau Dr. McBride Fax (202) 362-2303
Dr. Klein Dr. Naujokaitis Fax (202) 537-0560
Dr. Ungar Dr. Li Fax (202) 362-2573
Dr. Dooley Dr. Hansen Fax (202) 362-3639
Dr. Sacks Fax (202) 363-1171

This form may be mailed or faxed to your doctor's office. Please use the fax number directly below your doctor's name in the box above.