



PRESCRIPTION REFILLS & RENEWAL

Patient Name: _____ **Date:** _____

Pharmacy Name: _____ **Pharmacy Phone Number:** _____

Pharmacy Address: _____

Your cooperation with this procedure allows us to provide you with quality clinical care and service. The physicians and staff of The Practice Family Medicine thank you.

At Your Visit:

1. Please bring a list of all your medications. Be sure to include medications from ALL doctors you see.
2. Please bring a list of any over-the-counter medication you also take.
3. Please have your prescriptions filled at your appointments.
4. In general, your provider will give you enough medication until you are due for your next appointment

Phone Requests:

1. If your prescription bottle indicates you have refills left, you do not need to call our office. Contact your pharmacy and they will refill it for you. Be sure to give the pharmacy adequate time to fulfill your request.
2. If you do not have any refills left, please notify us at least three (3) business days before your prescription runs out. In order to provide the highest clinical service to you, we will review your medical record to determine if a follow-up visit or medication adjustment is needed before refilling the prescription at the pharmacy you have designated above.
3. Please have the following information readily available at the time of the request: (Have your medication bottle(s) in front of you.)
 - Your name and date-of-birth; the name and spelling of your medication; the dosage of your medication and how often you take your medication; the name of the pharmacy of your choice.

Prescriptions will generally be faxed or e-prescribed into the pharmacy with 24-hours of the receipt of your call. Your request may be delayed if there are questions or prior authorization requirements. Please be aware that if you have a limited prescription, you will need to request an appointment. A limited prescription is a prescription that was written for one month with no refills until another appointment is made.