*IMPORTANT NOTICES:*

*1) We require two business days notice for all refills. Our hours are posted at* www.cheikin.com/hours.pdf

*2) Many prescriptions require periodic blood work, which should be reviewed during your visit. If you have not had a visit or blood work in several months, we might not be able to fulfill this request. If your need is urgent or emergent, please seek urgent or emergent care or contact your primary care physician.*

*3) Controlled substances can only be written for 1-2 months without an office visit, and require the fax number of the pharmacy.*

*4) If your insurance or pharmacy has changed since the last Rx, it is always a good idea to call your pharmacy and verify your information to avoid delays and mischarges.*

*5) Keep this document on your computer to streamline future refills.*

*6) By submitting this form, you are agreeing to abide by the terms and conditions regarding such refill services that you have previously reviewed and signed.*

*Please email this completed document to refillm@c4oh.org. We will send a reply when received.*

**Name:**

**Date:**

**Your Phone Number:**

**Pharmacy Name:**

**Pharmacy Fax:**

**Have we sent a Rx to this pharmacy before? (circle) Yes No**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Medication**  **Name** | **Brand only?** | **Pill Size/**  **Cream Strength** | **# of pills or grams (creams) / month** | **30 or 90 day?** | **Notes** |
| **1** |  | **N Y** |  |  |  |  |
| **2** |  | **N Y** |  |  |  |  |
| **3** |  | **N Y** |  |  |  |  |
| **4** |  | **N Y** |  |  |  |  |
| **5** |  | **N Y** |  |  |  |  |