



The Pavilion at Lake Hearn
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Prescription Refill Request

To Our Parents:

Some children in our practice receive prescriptions to assist with the management of Attention Deficit Disorder. As you know these medications cannot be refilled by phone. We will write your prescriptions for (3) separate 30 days supplies unless you instruct us to do otherwise. Please take (1) prescription at a time to your pharmacy and keep the other (2) in a safe place. The 2nd and 3rd prescriptions will have a "Do Not Fill" before a specific date on them to avoid confusion for your pharmacist.

Please help us by making **ALL REFILL REQUEST BY MAIL OR FAX, USING THIS FORM.**

****PLEASE MAKE YOUR REQUESTS AT LEAST A WEEK IN ADVANCE SO YOUR CHILD WILL NOT RUN OUT OF MEDICATION.** We require a minimum of 72 business hours to process this request once we have received it from you.

PRESCRIPTION WILL BE PICKED UP _____ TO BE MAILED HOME _____

Date of Request: _____		Date of Last Physical: _____	
Patient's Name: _____		Date of Birth: ____/____/____	
Current Address: _____			
Primary Contact Phone #: _____			
Name of Medication: _____ Dose / Strength: _____ Number of tabs needed: _____ Brand Necessary: ____ Yes / ____ No 30 day supply _____ / 3 (30) day supply _____	Name of Medication: _____ Dose / Strength: _____ Number of tabs needed: _____ Brand Necessary: ____ Yes / ____ No 30 day supply _____ / 3 (30) day supply _____		