



Prescription Refill Request Form

This form can be printed and faxed to our office at 301-695-8604. You can also download the form and email to refills@thepedcenter.com. Please allow three business days (Monday - Friday) to complete requests. We will contact you if the request will take longer than three business days. Please send in one form for each child.

DATE: _____

METHOD OF SENDING: FAX E-MAIL

PATIENT INFORMATION:

Child Name: _____

Child Date of Birth: _____

Name of Parent/Guardian: _____

Relationship: _____

Home Phone Number: _____

Cell Phone Number: _____

PRESCRIPTION DETAILS:

MEDICATION NAME

STRENGTH

HOW CHILD TAKES MEDICATION

Number of days' supply (ie: 10, 30,60, 90 other):

Additional Comments:

LOGISTICS:

Where would you like this sent?

PHARMACY NAME: _____

PHARMACY PHONE: _____