

**Atlanta Gyn Associates
MEDICATION REFILL REQUEST**

**Please read the instructions carefully and answer each question fully
Incomplete forms cannot be processed !!
Please use a separate form for each medication**

- To request a medication refill by fax, please complete the following information and fax to **770.980.1873**.
 - Refill requests received before noon Monday through Friday will be called to your pharmacy by 6PM.
 - Refill requests received after 12 noon or during the weekends or a holiday will be phone in by 12 noon on the next business day.
 - Before going to your pharmacy, we recommend you call them to be sure that your prescription is ready.
- Please be aware that prescriptions **cannot** be refilled by the emergency on call doctor, if you are past due for an appointment and have not scheduled, or for treatment of acute illness without an office visit. (e.g., bladder or vaginal infections)
- If you are running out of refills on maintenance medications, please check to see if you are past due for an office visit. Usually, you will be given enough refills to last until your next visit. If you are due for a visit, do not use this form but instead **call** the office during regular hours to schedule your visit. Let them know at that time if you need a medication refill.

NAME: _____

DATE OF BIRTH: _____

MEDICATION: _____

DOSE: _____

SUPPLY NEEDED (i.e., number of days of medicine): _____ days

NAME and PHONE NUMBER of pharmacy with area code:

CONTACT PHONE NUMBER where you may be reached if we have questions (include your area code): _____

I give permission for Atlanta GYN Associates to call the above phone number for questions regarding my medication. Medical information or questions may be left at this number via voice mail if I am not available. If you do not wish medical information left at this number, it may delay your refill request.

Signature _____

(may be signed by patient or parent/legal guardian of minor child)

_____ Date

For AGA use only

Time received: _____

Approved by: _____

Called to pharmacy by: _____

Date and time: _____