

Dear Parents/Guardians:

The attached “Mail-In Request for Prescription Refills” must be completed for renewals of all controlled ADHD medications used long-term.

Legal issues, time constraints, personnel obligations and costs require this “extra” step. It is not our intent to make the process more difficult, only our wish to provide the most accurate and optimal medical care.

We hope you find this form simple and understandable. Please respect our inability to fill any requests that are NOT made on a timely basis, in writing or with complete information.

Additionally, we urge you to keep this form in a safe place so it is available for your use three months hence. You may pick up your prescriptions along with a new "blank" form or we will mail you a new form along with your completed prescriptions if you enclose a self-addressed stamped envelope.

Please let us know if there are any questions.

Sincerely yours,

Richmond Pediatrics

Richmond Pediatrics
357 N.W. Richmond Beach Road
Shoreline, Washington 98177
Fax (206) 546-8436

MAIL-IN REQUEST FOR PRESCRIPTION REFILLS

Patient's Name (please print) _____ Date _____
Date of Birth _____
Telephone Number (daytime) _____

Medication Requested	Generic or Brand	Dosage	Strength (mg)	Times/Day
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

All prescriptions are written for a **THREE MONTH** period. Is one prescription appropriate or does your insurance company require one per month? Please indicate which: (a) one prescription (b) three separate prescriptions.

Have any of the following occurred? (please circle)

weight loss/appetite loss	significant sleep problems
irritability	tearfulness, sadness, depression
tics or nervous habits	headaches/stomach ache
anxiety	drowsiness

If circled please describe further: _____

- Please hold the prescription at the clinic for pick-up.**
- I have enclosed a self-addressed, stamped envelope to have the prescription mailed.**

PLEASE ALLOW ONE WEEK FOR PROCESSING AND MAILING. PLAN AHEAD!! NO "EMERGENCY" PRESCRIPTIONS CAN BE FILLED AT THE "LAST MINUTE"

PARENT OR GUARDIAN SIGNATURE

Your prescriptions will last until approximately _____
Please do not return new enclosed request before _____

Please circle your physician's name: Wahl Falkenberg Ernst Reese Jhaveri