

STIMULANT MEDICATION REQUEST FORM:

For stimulant medications (Ritalin, Concerta, Vyvanse, Adderall, Metadate, Dextrostat, Methylin, Focalin, Dexedrine, Daytrana, Methylphenidate or Dextroamphetamine) a handwritten hard copy prescription must be written for the following medications. If you are not due for a follow up appointment, you may mail in a refill request form with a self-addressed stamped envelope. Due to the high volume of medication requests, please send the medication request at least 7 days in advance to assure prompt processing time. A routine refill charge of \$10.00- \$25.00 will occur for all medication requests received by fax, phone, or without a self-addressed stamped envelope.

Date: _____ **Doctor:** _____

Patient's Name: _____ **D.O.B.** _____

Parent's Name(if applicable): _____

Date Of Next Appointment: _____

(Date of appointment must be known in order to approve refills.)

Phone Number (cell, work, etc.): _____

(Please list numbers where you may be reached if we have questions regarding this request.)

Medication: _____

Mg. of Rx: _____ **Quantity:** _____

Prescribed Directions: _____

Brand Name: _____ **Yes** _____ **NO** _____ **Mail:** _____ **Pick up:** _____

Comments to Physician: _____
