

REFILL REQUEST FORM - All Fields Required



It may take up to 5 business days for your refill request to be processed and sent to the pharmacy. If you do not receive your refill within 5 business days of your request, please contact the office for further assistance.

PATIENT'S FIRST NAME* _____

PATIENT'S LAST NAME* _____

PATIENT'S DATE OF BIRTH* _____

If you are requesting a refill on medication for ADHD, have you contacted your pharmacy to see if they have it in stock?*

YES _____ NO _____ NOT REQUESTING THOSE MEDICATIONS _____

During the medication shortage, in order to fill your script without delay, we ask that you contact your pharmacy prior to requesting your refill to ensure they have it in stock. If your pharmacy is out of stock, please ask the pharmacist if other store locations have it, or locate another pharmacy. We will not be able to locate another pharmacy for you.

PHARMACY NAME _____

PHARMACY ADDRESS / PHONE NUMBER _____

MEDICATION NAMES & STRENGTHS _____

HOW IS THE PATIENT DOING ON THIS MEDICATION?

PLEASE NOTE: We require patients to request a refill FIVE BUSINESS DAYS before running out of medication. Additionally, we do not accept refill requests from the pharmacy.

Additional Comments

****For controlled medications (stimulants for ADHD or benzodiazepines for anxiety): You can request the medication in advance of the date it is due, however do not pick up the medication from your pharmacy until the 30th day after your last fill.***

I understand _____

****Patients on controlled medications are required to be seen every 3 to 4 months. If you are due for an appointment, please call the office at 502-896-2606 or email meds@squareonemd.com**

I understand _____

Do you request and pick up different prescriptions multiple times a month? Ask your pharmacist to short fill your next prescription to get them in sync with each other so you only have to make one request and one trip.

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