

# MEDICATION REFILL REQUEST

**ATTENTION**

1. Only use this form if you have previously received this particular medication from the clinic, otherwise you will need to **schedule an appointment** with a provider to discuss your medication needs.
2. You may also fax your medication refill request.
3. Please allow **24 hours** for processing of your request.
4. **Birth Control Pills**
  - Students with the GSU insurance (Pearce & Pearce) are limited to one month supply.
  - Additional months of birth control may be purchased (Limit: 3 months supply).
  - You must have a PAP within the last year to get your birth control refilled. Please schedule an appointment if it has been more than a year.      **Last PAP:** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student #: \_\_\_\_\_

Phone: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_ Last Office Visit: \_\_\_\_\_

**I would like my prescription:**

- Dispensed at GSU Clinic
- Written prescription
- Phone prescription to pharmacy.

Pharmacy phone: \_\_\_\_\_ Pharmacy Name: \_\_\_\_\_

MEDICATION	STRENGTH	# TABLETS TAKEN DAILY	# BOTTLES / PACKS	LAST REFILL DATE

Patient Signature: \_\_\_\_\_ Request Date: \_\_\_\_\_ Request Time: \_\_\_\_\_

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Provider approving request: \_\_\_\_\_ Date: \_\_\_\_\_ MA: \_\_\_\_\_