

Patient Portal Medication Refill Form

Specialty Medications:

Please answer the questions below. If you have less than __ days of medication on hand, call us at _____. Please allow at least __ business days before delivery.

- Name of requested medication(s) and/or supplies
 - Text box
- Have you had any changes to medications, medical conditions, and/or food and drug allergies? Yes/No
 - If yes, please explain
 - Text box
- Have you experienced any previously unreported or worsening side effects since the last fill? Yes/No
 - If yes, please explain
 - Text box
- How many doses of your medication have you missed since your last refill?
 - None, 1-2, 3-4, 5 or more
- How do you feel the medication is working for you?
 - Too soon to tell
 - Poor
 - Fair
 - Good
 - Excellent
- When would you like to receive your medication? Date selection
- How do you want to receive your prescription?
 - Mail Order – please enter your delivery address below
 - Text box
 - Pick-Up at ____
- Have you had any changes in your insurance or do you have new insurance? Yes/No
- If there is a copay, how would you like to pay? If you selected mail order and your copay is different from previous fills, we will call you prior to shipping your medication.
 - Credit Card on File with the Specialty Pharmacy (By selecting this option you agree for us to charge your credit card)
 - New Credit Card (We will call you for information)
 - Charge Account
 - Pick-Up Only - Pay at Register
- Comments/questions – text box (optional)
- Do you need to speak to a pharmacist? If so, we will respond to you as soon as we can.

Non-Specialty Medications:

Please answer the questions below. If you have less than __ days of medication on hand, call us at _____. Please allow at least __ business days before delivery.

- Name of requested medication(s) and/or supplies
 - Text box
- When would you like to receive your medication? Date selection
- How do you want to receive your prescription?
 - Mail Order – please enter your delivery address below
 - Text box
 - Pick-Up at ____
- Have you had any changes in your insurance or do you have new insurance? Yes/No
- If there is a copay, how would you like to pay? If you selected mail order and your copay is different from previous fills, we will call you prior to shipping your medication.
 - Credit Card on File with the Specialty Pharmacy (By selecting this option you agree for us to charge your credit card)
 - New Credit Card (We will call you for information)
 - Charge Account
 - Pick-Up Only - Pay at Register
- Comments/questions – text box (optional)
- Do you need to speak to a pharmacist? If so, we will respond to you as soon as we can.