

# PHARMACY INFORMATION COMPLETION FORM

“Please complete when asking for a prescription refill”

*Name of Patient:*

*Name of Custodian:*

*Name of Pharmacy:*

*Phone number of Pharmacy:*

*Name of Prescription Needing Refill:*

*If needed, reason for Pharmacy Denial:*

***Disclaimer:*** The parent should be notified if the drug is a stimulant (Concerta, Adderall, Adderall XR, Metadate, Focalin, Vyvanse, Methylphenidate, or Amphetamine salt) that the prescription cannot be called in and they will have to ***pick up*** the prescription when it is available.