

**This MEDICATION REFILL REQUEST FORM is for the convenience of active Palmetto patients only.**

It is our office's policy that medication refills will only be provided during regularly scheduled psychiatric follow-up visits. Please note that medication changes or refill requests will require an appointment with your psychiatric provider.

**Important - Schedule II / controlled medications: please note that no refills will be given. Instead, patients are provided a 30-day prescription for each individual month. Please contact your pharmacy to ensure that you have another order available for the upcoming month prior to requesting refills on Schedule II / controlled medications.**

**As required by law, we are unable to refill controlled substances without an appointment. We encourage our patients to keep their appointments as scheduled and contact us ahead of time, so you don't run out of medication.**

**Please be advised that medication refills may or may not be authorized in the following situations:**

- You do not currently have a psychiatric follow up visit scheduled with one of our psychiatric providers.
- You have not been seen for an office visit by one of our psychiatric providers for an extended period of time.
- You often cancel or miss scheduled appointments at our practice.
- You have an outstanding balance for services received at our practice.

**Please Read Before Submitting Refill Request:**

Please contact your pharmacy to make sure that you do not have any refills remaining on the last prescription(s) provided by our office. Many times, patients may not realize that their provider has already called in several months of refills and these remain on-file at the pharmacy.

**Our administrative office is available to respond to medication refill requests during regular office hours, Monday through Friday from 8:00 a.m. to 5:00 p.m.** The typical turn-around time for medication refill requests **may take up to 72 hours** to process and will require submission through our secure, HIPAA-compliant patient portal. Please do not send emails and / or duplicate patient portal requests as this may delay our ability to respond to your request.

The length of time needed to respond to your request will depend upon factors such as the office hours of your psychiatric provider and the day of the week you submit your request (we are unable to respond to requests on weekends or holidays).

**IMPORTANT: Please note Palmetto's patient portal is not monitored 24/7/365 as we are an outpatient mental health treatment provider. Subsequently, we are unable to provide emergency psychiatric treatment or crisis stabilization services for patients who are in immediate crisis and /or danger to self / others.**

**Please be advised that all emergency and crisis issues involving the immediate safety and well-being of patient, life or death concerns will require you to immediately contact 911 and/or report to nearest Emergency Room without delay.**

## MEDICATION REFILL REQUEST FORM

**Today's Date:** Click or tap to enter a date.

### Directions:

Please fill out the form below clearly and completely and include all requested information. Omitting required information will cause a delay in our office responding to your request. The typical turn-around time for medication refill requests **may take up to 72 hours** to process and will require submission through our secure, HIPAA-compliant patient portal. Please do not send emails and / or duplicate portal requests as this may delay our ability to respond to your request.

### Patient Information

Patient First Name: Click or tap here to enter text. Patient Last Name: Click or tap here to enter text.

Parent / Legal Guardian's First Name (if applicable): Click or tap here to enter text.

Parent / Legal Guardian's Last Name (if applicable): Click or tap here to enter text.

Patient Date of Birth: Click or tap to enter a date.

Patient/Guardian Main Phone Number: Click or tap here to enter text.

Patient / Guardian Email: Click or tap here to enter text.

Patient Chart # (if known): Click or tap here to enter text.

Date of Last Appointment: mm/dd/yyyy

Date of Next Appointment: mm/dd/yyyy

### Pharmacy Information

Pharmacy Name & Address: Click or tap here to enter text.

Pharmacy Phone Number: Click or tap here to enter text.

### Medications

1. Medication Name: Click or tap here to enter text. Dosage taken per day: Click or tap here to enter text.
2. Medication Name: Click or tap here to enter text. Dosage taken per day: Click or tap here to enter text.
3. Medication Name: Click or tap here to enter text. Dosage taken per day: Click or tap here to enter text.
4. Medication Name: Click or tap here to enter text. Dosage taken per day: Click or tap here to enter text.

**Patient Question / Concern:** Click or tap here to enter text.