



Prescription Refill Request Form

This form can be printed and faxed to our office at (301) 695-8604 or emailed to refills@thepedcenter.com. Please allow three business days (Monday – Friday) to complete requests. We will contact you if the request will take longer than three business days. Please send in one form for each child.

Date: _____

PATIENT INFORMATION:

Child's Name: _____ Child's Date of Birth: _____

Name of Parent/Guardian: _____ Relationship: _____

Daytime Phone Number: _____

PRESCRIPTION DETAILS:

MEDICATION NAME

STRENGTH

_____	_____
_____	_____
_____	_____
_____	_____

Number of days' supply (ie: 30, 90, other): _____

Additional Comments: _____

PHARMACY INFORMATION TO SEND PRESCRIPTION(S):

Pharmacy Name & Location: _____

Pharmacy Phone: _____