



DALLAS PEDIATRIC NEUROLOGY ASSOCIATES
MEDICATION REFILL REQUEST FORM

Parents: This form can be mailed or faxed directly to us at:

972-566-8601

Physician: _____ Date: _____

Patient Name: _____ DOB: _____

Address: _____

Phone Number: _____

Medication: _____

Please note if the medication contains the letters XR or ER for the extended release medications

Dosage: _____ Directions: _____

30 day supply 90 day supply (3-30day scripts) for pharm 90 day for mail order

Mail Pick Up

**Please note that ADD/ADHD medications CAN NOT be called or faxed into the pharmacy
per Texas Laws. They must be picked up or mailed to you.**

***Please note that refills can take up to 48 hours to process so please plan accordingly. There is also a \$15.00 charge for all ADD/ADHD medication refills obtained outside of a doctor's visit. All ADD/ADHD prescriptions also have an expiration date of twenty one (21) days after the date on the script. Please call your pharmacy and have them fax us a refill request on all non-ADD/ADHD medications. Please note that past due balances and missed appointments may delay your refills. You may go online to www.dallaspediatricneurology.com to make payment for past due balances and for your prescription request. Make sure you let us know that you paid online at time of request. Thank you.