

Mary Restifo, M.D. • Alexander C. Chester, M.D. • Lawrence E. Klein, M.D. • Saulius Naujokaitis, M.D. • Andrew N. Umhau, M.D.
Richard D. Schubert, M.D. • Beth L. P. Ungar, M.D. • Theodore C.M. Li, M.D. • Linda L. Yau, M.D. • Kristin E. Thomas, M.D.
David M.Hansen, M.D. • Thomas L. Sacks, M.D. • Lucy M. McBride, M.D. • John A. Dooley, M.D.

Prescription Refill Form

Patient's Name: _____ DOB: _____

Daytime Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Please have my prescription(s):

- Called into my pharmacy @:
Pharmacy Name: _____
Pharmacy Phone Number: (____) _____ - _____
- Would like to pick-up at the office.
- Mailed to: _____

Prescription #1: Name of Medication: _____

Strength of Medication: _____

Refills Requested: _____

Prescription #2: Name of Medication: _____

Strength of Medication: _____

Refills Requested: _____

Prescription #3: Name of Medication: _____

Strength of Medication: _____

Refills Requested: _____

Please check one:

- Dr. Restifo
- Dr. Thomas
Fax (202) 364-6513
- Dr. Chester
- Dr. Schubert
- Dr. Umhau
- Dr. Yau
- Dr. McBride
Fax (202) 362-2303
- Dr. Klein
- Dr. Naujokaitis
Fax (202) 537-0560
- Dr. Ungar
- Dr. Li
Fax (202) 362-2573
- Dr. Dooley
- Dr. Hansen
Fax (202) 362-3639
- Dr. Sacks
Fax (202) 363-1171