

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. • Linda L. Yau, M.D.  
David M. Hansen, M.D. • Lucy M. McBride, M.D. • John A. Dooley, M.D. • Assil S. Saleh, 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: \_\_\_\_\_

Dr. Restifo  
Fax (202) 364-6513

Dr. Chester  
 Dr. Schubert  
 Dr. Umhau  
 Dr. Hansen  
Fax (202) 362-2303

Dr. Yau  
 Dr. McBride  
Fax (202) 243-0297

Dr. Klein  
 Dr. Naujokaitis  
Fax (202) 537-0560

Dr. Ungar  
Fax (202) 362-2573

Dr. Dooley  
 Dr. Saleh  
Fax (202) 362-3639