

Fall Creek
Veterinary Medical Center

**PRESCRIPTION REFILL
REQUEST FORM**

Please provide as much information as possible. Please note that this form can be used to request refills of medication dispensed by our office. Any drugs or medications that we have prescribed from outside sources or pharmacies may also be requested, but please use the e-mail address on the "Contact Us" page, or simply phone the office, to avoid confusion.

Most requests will be processed within 3 hours, but please allow one business day.

This form may be filled in and returned via FAX to us.

Your Name: _____

Your Pet's Name: _____

___ Canine ___ Feline ___ Other: _____

Prescription Drug Name: _____

Strength (if known; for example, 5 mg): _____

Quantity or Volume: _____

How are you giving the medication? (For example, "1 tablet twice daily"):

Desired Day and Time for Pickup: _____ AM ___ PM

(Please see our posted office hours)

Best Contact: ___ Phone: (___) _____

 ___ E-mail Address: _____

Additional Comments or Questions:

