



## Prescription Refill Form

This form is designed for you to request a routine prescription refill. This form is only for refills of existing prescriptions. If you need a new prescription, please schedule an appointment to see your doctor.

Please fill in the form below as completely as possible and fax it to: (719)471-0744

### About You

Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Your Date of Birth \_\_\_\_\_

### Medication Information

Prescribing Doctor \_\_\_\_\_  
Medication Name \_\_\_\_\_  
Medication Strength \_\_\_\_\_  
Medication Instructions \_\_\_\_\_

### Pharmacy Information

Pharmacy Name \_\_\_\_\_  
Pharmacy Phone \_\_\_\_\_  
Date Needed \_\_\_\_\_  
Date of Last Office Visit \_\_\_\_\_  
Desired Delivery Type:  
 Pick up at pharmacy  
 Pick up at our office  
 Mail to my home address

Make sure you fill out this form as completely as possible and fax it to:  
Blue Skies Center for Women at: (719)471-0744.