

Hilton Health Care Prescription Request Form

Please print out this form to use when requesting a prescription refill from our office. This will help insure the accuracy of your prescription. If you would prefer, you may fax us this form and avoid our voice mail system or need to speak with one of our receptionists.

Please allow 24 hours for your prescription to be transmitted to your pharmacy.

We recommend you call your pharmacy before picking up your prescription to verify it has been filled.

Today's Date: _____

Patient Name: _____

Date Of Birth: _____

Name of Medication: _____

Strength: _____

Directions: _____

How many do you want: _____

Number of Refills: _____

Pharmacy Name: _____

Pharmacy Phone Number: _____

Pharmacy Fax Number: _____

Fax to: (585) 392-6292