

**Texas Child Neurology, PLLC**  
**Medication Refill request Form**

Parents: This form can be mailed or faxed directly to us at:  
**972-769-0035**

Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Medication: \_\_\_\_\_

\* Please note if the medication contains the letters XR or ER for the extended release medications\*

Dosage: \_\_\_\_\_ Directions: \_\_\_\_\_

☐ 30day supply    ☐ 90day (3- 30day scripts) for pharmacy    ☐ 90day for mail order  
☐ Mail    ☐ Pick Up

Please note that ADD/ADHD medications CAN NOT be called or faxed into the pharmacy per Texas Laws. They must be picked up or mailed.

\*\*\*\*Please note that refills can take up to 48 hours to process so please plan accordingly. There is also a \$10.00 charge for all ADD/ADHD medication refills obtained outside of a doctor's visit. All ADD/ADHD prescriptions also have an expiration date of twenty one (21) days after the date on the script. Please call your pharmacy and have them fax us a refill request on all non- ADD/ADHD medications. Please note that past due balances and missed appointments may delay your refills. Thank you.

☐ MasterCard    ☐ Visa

**Credit Card Information:**

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on the Card \_\_\_\_\_

Billing address on card \_\_\_\_\_

Please indicate if you would like for TCN to keep the Credit Card information on file for future medication refill request only.    ☐ YES    ☐ NO

Signature \_\_\_\_\_

\*I authorize Texas Child Neurology to bill my credit card \$10.00 for the triplicate, and if applicable, any past due balance. \*

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