

REQUEST FOR A PRESCRIPTION MEDICATION REFILL

USE THIS FORM IF:

- the prescription was written by a provider at the Student Health Service and
- you have refills available

If you have a prescription from another doctor or facility other than Student Health or if you need a prescription written, fill out the yellow form and see the appointment/advice nurse.

Please fill out and hand in at the front desk window.

Please print

Date _____

Name _____

Student ID# _____ Telephone number _____

E-mail address _____

Name of medication _____

Do you have the CM student health insurance plan? ___yes___no

If birth control pills _____ number of cycles requested

You can pick your prescription up the next day. If you need it today, please check the urgent refill box.

___Urgent refill needed