

Northern Virginia Pediatric Associates, P.C.

107 North Virginia Ave, Falls Church, VA 22046

Phone: (703) 532-4446 | Fax: (703) 532-8426

Schedule II Prescription Refill and Order Form

Please fill out this form **completely and accurately**, and allow **5 working days** for prescriptions or refills. Prescriptions for Ritalin, Dexedrine or Adderall cannot be called in and should be picked up in person.

There is a \$10.00 charge for Schedule II prescription drug refills, e.g., (Adderall, Concerta, Dexedrine, Ritalin, etc.) and \$ 5.00 charge for lost prescriptions.

Child's Name _____ Date Of Birth _____ Chart # _____

Address _____

Home Phone # _____ Office Phone # _____ Cell Phone # _____

Please check Doctor:

- | | | | | |
|-------------------------------------|----------------------------------|-----------------------------------|------------------------------------|------------------------------|
| <input type="checkbox"/> Myers | <input type="checkbox"/> Barakat | <input type="checkbox"/> Atiyeh | <input type="checkbox"/> Halpin | |
| <input type="checkbox"/> Mouchahoir | <input type="checkbox"/> Kelly | <input type="checkbox"/> Baldrate | <input type="checkbox"/> Henrikson | <input type="checkbox"/> Bae |

Pharmacy Phone # _____ Rx # (refills only) _____

Name of medication _____ Brand _____ Generic _____

Capsules _____ Pills _____ Liquid _____ Strength _____ mg / tab / cap / tsp

Dose _____ times/day _____ Days needed-per prescription _____

Name of medication _____ Brand _____ Generic _____

Capsules _____ Pills _____ Liquid _____ Strength _____ mg / tab / cap / tsp

Dose _____ times/day _____ Days needed-per prescription _____

If a form to administer medication at school is needed, the form should be obtained from your child's school and filled out completely before we sign it.

For Office Use Only

Date Received	Date Completed	Whom /When Notified
---------------	----------------	---------------------