Palmetto Pediatrics, PA

843-797-5600

Medication Refill Request Form

Please complete one form for each requested medication:

Date of request:

Patients Name:

Patients DOB:

Prescribing Provider:

Name of Medication Requesting:

Dosage: (MG ◉ or ML ○)

How often does your child take the medication:

Person Requesting Refill:

Good Contact Phone Number:

Name of Pharmacy:

Address of Pharmacy:

Pharmacy Phone Number:

Reminder:

All patients on ADHD stimulant medications are required to have an office visit every 3 months in order to a get medication refills, per FDA requirements.

Please Allow 24 hours for all medication refills Monday-Friday

Front Staff Member Printing:

Please Email the completed for to medrefills@palmettopediatrics.com