



Sparta Clinic: 457 Vista Drive, Sparta, TN 38583 , Ph (931) 738-3383 Fax (931) 738-8911
Van Buren Clinic: 817 College Street, Spencer, TN 38585, Ph (931) 946-2113 Fax (931) 946-2248

PRESCRIPTION REFILL REQUEST FORM

Instructions:

1. Complete this form.
2. Return it to the Receptionists in person, by fax or mail
3. Allow **2 working days** for processing once received
4. Prescriptions will be called to your pharmacy unless otherwise instructed

Date: _____

Patient Name: _____

Date of Birth: _____

Patient Phone Number: _____

Patient Pharmacy: _____

Check the box next the provider you use:

<input type="checkbox"/> Ty T. Webb, MD	<input type="checkbox"/> Marla Moore, FNP
<input type="checkbox"/> Cameron Heady, PA-C	<input type="checkbox"/> Jim Childress, FNP-BC
<input type="checkbox"/> Kimberly Parrish, FNP	

Medication Name	Dosage	Taken How Often
1.		
2.		
3.		
4.		
5.		
6.		
7.		

**Please allow 2 working days for your nurse to review and process your request.
 Thank you.**