

Request for Medication Refill

**Refill requests may also be submitted online
via our HPC Online support system:**

<https://www.heartlandprimarycare.com/support/>

INSTRUCTIONS FOR COMPLETING THIS FORM

**Complete all required sections.
Sign and date form.**

**You may:
Drop by office**

**Fax
(270-763-0051)**

**Mail
2412 Ring Road, Suite 200
Elizabethtown, KY 42701**



Request for Medication Refill

2412 Ring Road ~ Elizabethtown, KY 42701
 Phone (270) 765-5926 Fax (270) 763-0051

Date: _____

Patient Name: _____

Date of Birth: _____ Phone #: _____

Provider: Ingram Smith Ball Robinson Tatum

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Apothecare | <input type="checkbox"/> Lincoln Trail | <input type="checkbox"/> Rite Aid—Etown | <input type="checkbox"/> Walmart—Etown |
| <input type="checkbox"/> Bardstown | <input type="checkbox"/> Medicine Shoppe | <input type="checkbox"/> Rite Aid —Hodgenville | <input type="checkbox"/> Walmart—Bardstown |
| <input type="checkbox"/> Jeff's Prescription Shop | <input type="checkbox"/> Nations Medicines | <input type="checkbox"/> Smith Drug Store | <input type="checkbox"/> Walmart—Radcliff |
| <input type="checkbox"/> Kmart—Etown | <input type="checkbox"/> Pamida | <input type="checkbox"/> Walgreens—Dixie | <input type="checkbox"/> Wooldridge Drugs |
| <input type="checkbox"/> Kroger—Dolphin | <input type="checkbox"/> Radcliff Drugs | <input type="checkbox"/> Walgreens—Mulberry | |
| <input type="checkbox"/> Kroger—Town Mall | | | |

Other: _____

- Call in refills I will pick-up written prescriptions

Medication Name	Strength (mg)	How often do you take this medication?	Quantity
		1x 2x 3x 4x	<input type="checkbox"/> 30 days <input type="checkbox"/> 90 days
		1x 2x 3x 4x	<input type="checkbox"/> 30 days <input type="checkbox"/> 90 days
		1x 2x 3x 4x	<input type="checkbox"/> 30 days <input type="checkbox"/> 90 days
		1x 2x 3x 4x	<input type="checkbox"/> 30 days <input type="checkbox"/> 90 days
		1x 2x 3x 4x	<input type="checkbox"/> 30 days <input type="checkbox"/> 90 days
		1x 2x 3x 4x	<input type="checkbox"/> 30 days <input type="checkbox"/> 90 days
		1x 2x 3x 4x	<input type="checkbox"/> 30 days <input type="checkbox"/> 90 days
		1x 2x 3x 4x	<input type="checkbox"/> 30 days <input type="checkbox"/> 90 days
		1x 2x 3x 4x	<input type="checkbox"/> 30 days <input type="checkbox"/> 90 days

The nurse will complete your requests by the next business day. You will be notified once it is complete. We do not refill antibiotics. Controlled substances may require approval of the provider which could delay completion of the request. Office policy requires that all patients be seen at least every six months.