

## Prescription Refill Request:

**To get refills prior to scheduled appointment:***(please allow 3 to 5 days to complete this refill request)*

You may:

- 1) Call the office during normal business hours 9:30am to 5pm and leave the information with my nurse or on the answering machine.  
(Office # 770-730-8912)
- 2) Completely fill out the following form and do one of the following two options:
  - a) Fax it to my office at, 770-390-0877, attention Dr. Berger
  - b) E-mail it to me at [josephbergermd@comcast.net](mailto:josephbergermd@comcast.net)

Certain controlled substances cannot be called in and require written prescriptions (e.g., Adderall, Adderall XR, Ritalin, Concerta, Daytrana).

Last name:	
First name:	
Phone number where you can be reached:	
Date of birth:	
Known medication allergies (e.g., "none" or "penicillin"):	
Name of medication requested (e.g., Zoloft):	
Dosage (e.g., 20 mg):	
Frequency (e.g., "take one by mouth every day"):	
Phone number of the pharmacy you would like me to call the prescription to:	

For the medication(s) you wish me to refill, please check which of the following is true:

		Comment:
The medications are definitely helpful	<input type="checkbox"/>	
... somewhat helpful	<input type="checkbox"/>	
... little helpful	<input type="checkbox"/>	
Not helpful or not making a difference	<input type="checkbox"/>	

The medication **side effects** are:

		Please describe:
Severe	<input type="checkbox"/>	
Moderate	<input type="checkbox"/>	
Mild	<input type="checkbox"/>	
Nonexistent	<input type="checkbox"/>	

If this is an **EARLY REFILL** (refilling ahead of the anticipated time you would normally refill the medication):

Please indicate the reason for the early refill (e.g., "bottle stolen", "had to take more than prescribed"):	
Have you ever had any problems with alcohol or other substances?	
Are you getting this prescription filled by any other provider?	

Please sign this form:

\_\_\_\_\_ Date: \_\_\_\_\_

My signature indicates that all the information on this form is truthful and complete.

*I understand that I may be charged a \$25 charge for prescription call-ins **in lieu** of an appointment.*