

PULMONARY GROUP OF CENTRAL FL, LLC  
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[www.pg-cf.com](http://www.pg-cf.com)

## Prescription Refill and/or Service Request

IMPORTANT: We require 48-hr notice for Service/Prescription Refills

Date/Time Requested: \_\_\_\_\_

Request Received by: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Service Description: Please attach forms or other documents pertinent to the request, if any.

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Prescription Request (indicate medication name, dose, and quantity):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Allergies:

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Circle one:  Pick-up in Leesburg     Pick-up The Villages     Call to pharmacy

Written Prescription: 30 or 90 days     Fax to Mail Order Pharmacy

Pharmacy Location / Telephone or Fax Number: \_\_\_\_\_

Requested by: \_\_\_\_\_

***We will process your request within 48-hr.***