

## Request for Medication Refill

\*This form is to be used for patients who have previously seen Carrie Beth Ent, DNP. If changes in medication are desired or it has been >6 months since our last visit, please make a follow up appointment rather than submitting this request

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_

Name of Medication #1: \_\_\_\_\_ Current Dose \_\_\_\_\_

Name of Medication #2: \_\_\_\_\_ Current Dose \_\_\_\_\_

Name of Medication #3: \_\_\_\_\_ Current Dose \_\_\_\_\_

New Allergies?        YES        NO

(if yes, please describe below)

List all Current Medications (prescription/over the counter supplement)

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(If medication is to treat Depression/Anxiety)

Date of last counseling appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Messiah Counselor? (circle) YES NO

Counselor Name: \_\_\_\_\_

Name of Pharmacy \_\_\_\_\_

Address of Pharmacy \_\_\_\_\_

\_\_\_\_\_

Please email this form to [cent@messiah.edu](mailto:cent@messiah.edu), or drop off the form to the front desk in Engle.

After this form is received and processed, student will receive an email confirming medication order has been called in. Please allow 3-5 business days for this process to take place.

Please note that if you are receiving a controlled substance, you could be asked to perform a random drug screen at any time per your controlled substance agreement.