

AGOURA WEST VALLEY PEDIATRIC MEDICAL GROUP

ADHD PRESCRIPTION REFILL FORM

PLEASE COMPLETE AND FAX TO 818-340-8039. YOUR PRESCRIPTION WILL BE COMPLETED IN 24 HOURS (EXCEPT WHEN RECEIVED ON SATURDAYS). PLEASE WRITE LEGIBLY

DATE: _____

PATIENT NAME: _____

ADDRESS: _____

PHONE # _____

DRUG	MG	NUMBER	DOSE		GENERIC Y/N
			30/60/90	AM PM	
<input type="checkbox"/> ADDERALL					Y/N.....
<input type="checkbox"/> ADDERAL XR					Y/N.....
<input type="checkbox"/> CONCERTA					Y/N.....
<input type="checkbox"/> DAYTRANA PATCH					Y/N.....
<input type="checkbox"/> FOCALIN					Y/N.....
<input type="checkbox"/> FOCALIN XR					Y/N.....
<input type="checkbox"/> INTUNIV					Y/N.....
<input type="checkbox"/> METADATE CD					Y/N.....
<input type="checkbox"/> METHYLIN					Y/N.....
<input type="checkbox"/> METHYLIN XR					Y/N.....
<input type="checkbox"/> RITALIN					Y/N.....
<input type="checkbox"/> RITALIN SR					Y/N.....
<input type="checkbox"/> STRATTERA					Y/N.....
<input type="checkbox"/> QUILLIVANT					Y/N.....
<input type="checkbox"/> VYVANSE					Y/N.....

PLEASE LET US KNOW IF YOUR CHILD HAS HAD ANY SIDE EFFECTS - PLEASE CIRCLE: WAKEFULNESS, DECREASED APPETITE, HEADACHE, IRRITABILITY, STOMACHACHE.

HOW IS YOUR CHILD'S SCHOOL PROGRESS? - PLEASE CIRCLE: DOING WELL, FALLING GRADES, DISRUPTIVE, INATTENTIVE, MEDICINE IS NOT LASTING INTO THE EVENING.

- MAIL TO HOME
- PICK UP IN:
 - WEST HILLS
 - WEST HILLS – TAKE TO PARK WEST
 - AGOURA
 - AGOURA – TAKE TO KRAMERS

