



Trinity Centre

111 Broadway • New York, NY 10006
Phone: (212) 263-9700 • Fax: (212) 263-9701

PRESCRIPTION REFILL FORM
Fax to 212-263-9701

Patient Name: _____ Date of birth: _____

Physician Name: C. Carron S. Dhalla J. Delfin B. Kummer _____

G. Hason P. Lotfi I. Schulman M. Sukumaran Maternal/Fetal _____

Date: _____ Patient telephone number: _____

Pharmacy telephone number: _____

Prescription Name	Strength	Number of pills	How taken

Office use only

Date of last visit: _____

Prescription refill authorized by _____

Prescription refill not authorized patient needs to come in _____

Called in to pharmacy by _____

Patient contacted by _____