

# Harbir S. Makin, M.D.

DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE

Phone: 907-770-6200  
www.Doctormakin.com

## PRESCRIPTION REFILL REQUEST

**Please note: We require at least 72 hour notice for refills to local pharmacies and 7 days for mail order pharmacies.**

**For your safety, you may be required to make an appointment with the doctor before medications can be renewed.**

Date of request: \_\_\_\_\_ Please fax completed request to 907-770-6202

<b>Pharmacy:</b> _____ <b>Phone:</b> _____
<b>Pharmacy Fax:</b> _____

PATIENT INFORMATION	
<b>NAME OF PATIENT:</b> _____	<b>Date of Birth:</b> _____
<b>Address:</b> _____	<b>Phone:</b> _____ <b>Email:</b> _____
_____	<b>ID #</b> _____

	Medication	Strength	Directions	QTY	Refills	DAW
1						
2						
3						
4						
5						
6						
7						
8						

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