



**Sparta Clinic:** 457 Vista Drive, Sparta, TN 38583 , Ph (931) 738-3383 Fax (931) 738-8911  
**Van Buren Clinic:** 817 College Street, Spencer, TN 38585, Ph (931) 946-2113 Fax (931) 946-2248

### PRESCRIPTION REFILL REQUEST FORM

**Instructions:**

1. Complete this form.
2. Return it to the Receptionists in person, by fax or mail
3. Allow **2 working business days** for processing once received
4. Prescriptions will be called to your pharmacy unless otherwise instructed

Date: \_\_\_\_\_

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

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

Patient Phone Number: \_\_\_\_\_

Patient Pharmacy: \_\_\_\_\_

**Check the box** next the provider you use:

<input type="checkbox"/> Ty T. Webb, MD	<input type="checkbox"/> Stephen D. Clark, MD
<input type="checkbox"/> Cameron Heady, PA-C	<input type="checkbox"/> Marla Moore, FNP
<input type="checkbox"/> Dianna Turner, FNP	<input type="checkbox"/> April Thornton, FNP

Medication Name	Dosage	Taken How Often
1.		
2.		
3.		
4.		
5.		
6.		
7.		

**Please allow 2 working business days for your nurse to review and process your request. Thank you.**