

**PREMIER PEDIATRICS, INC.**  
**1606 Prairie Center Parkway, #300**  
**Brighton, CO 80601**  
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**Fax 866-926-6081**

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### **POLICY FOR MEDICATION REFILLS AND FORMS**

Please allow 3 business days for requests for medication refills and completion of forms.

If leaving a message for refill requests please be sure to leave the patient's name, DOB, medication name and dosage, frequency, and the name of the pharmacy, as well as a contact number if we need more information. No medication requests will be addressed outside of normal business hours.

For all forms, it is your responsibility to fill out all information other than the physician/provider section. Please list the appropriate fax number and we will fax the form when completed. If you need to be contacted after completion, make sure you note that on the form.

For permission for medication forms we need the name and dosage of the medication and what time the medication is to be administered.