

Children's Hospital of The King's Daughters
Adolescent Medicine

Tel: 757-668-7444 Fax:757-668-7474

Prescription Refill Policy

1. We require a forty-eight (48) hour (business hours) notice for all prescriptions. Prescription requests will need to be made during our office hours, Monday through Thursday, 8:00 AM-4:30 PM or CHKD Patient Portal or through your local pharmacy.
2. To request a refill, and minimize delays, please give us the patient's name, date of birth, home telephone number and address. Spell the name of the medication and state the dosage. Please specify if you want the prescription sent to the pharmacy, mailed or picked up.
3. If you are requesting a refill and have not been seen in the last year, a gap refill can be requested to cover until your next scheduled appointment.

****No prescriptions will be refilled on Fridays, Weekends, Holidays, or during evening hours. Please contact your pharmacy to verify if you are out of medication before calling your provider****

If you have any questions or concerns, please feel free to contact us.

Patient Name (Print Name): _____

Date: _____

Parent/Legal Guardian (Print Name): _____

Date: 06/18/2024

Dept: Adolescent Medicine