

Lakewood Orthopaedics & Sports Medicine

REFILL PRESCRIPTION MEDICATION NOTIFICATION

**ANY PRESCRIPTION PAIN MEDICATION MUST
BE PHONED OR FAXED TO OUR OFFICE DURING
OUR NORMAL BUSINESS HOURS
MONDAY – THURSDAY 8:30 AM – 4:00 PM
FRIDAY 8:30 AM – 12:00 NOON**

**IT IS THE PATIENT’S RESPONSIBILITY TO
VERIFY WITH YOUR PHARMACY AND OUR
OFFICE THAT IT HAS BEEN RECEIVED PRIOR
TO THE ABOVE DEADLINE TIMES.**

**PLEASE NOTE THAT THERE WILL BE
ABSOLUTELY NO REFILLS ON THE WEEKENDS.**

Print Name: _____

SIGNATURE: _____

DATE: _____