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Prescription Refill Request

Due to a new state law that extends the time required to write prescriptions for controlled substances, there can be no same-day refills.

Please enter all requested information and fax your prescription refill request to me.

Patient's Name: _____

Date of Birth (MM/DD/YYYY): ____ / ____ / _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Medication Name: _____

Medication Dosage: _____

How is the medication currently being taken? _____

Has the patient experienced any problems or new side effects since the last refill? If so, please describe:

Pharmacy Name & Phone Number: _____
