

Stimulant Prescription Request Form

Mail, fax or deliver form to the CHPA office (Address and fax # below)

Stimulants CANNOT be called in, and will not be refilled by the on-call emergency service.

Covering providers reserve the right to limit the quantity recorded on the prescription regardless of the fee charged for the prescription.

Routine request: Up to one week to process. Rx may be picked up at office or mailed. No Charge.

Urgent request: One to two days (IF provider is available). Rx picked up at the office. \$10 charge due at pick up.

Same day request: (IF provider is available). Rx picked up at the office. \$25 charge due at pick up.

Patient name: _____ Phone: _____
Provider: Transue Ware

MEDICATIONS REQUESTED

Check if medication should be brand name only

Adderall (mixed amphetamine salts) _____ mg _____ # pills/day

Adderall XR (mixed amphetamine salts extended release) _____ mg _____ # pills/day

Concerta (methylphenidate) _____ mg _____ # pills/day

Daytrana (methylphenidate patch) _____ mg _____ #patches/day

Desoxyn (methamphetamine) _____ mg _____ # pills/day

Dexedrine (dextroamphetamine) _____ mg _____ # pills/day

Dexedrine spansules (dextroamphetamine slow release) _____ mg _____ # pills/day

Focalin (dexmethylphenidate) _____ mg _____ # pills/day

Focalin XR (dexmethylphenidate extended release) _____ mg _____ # pills/day

Metadate (methylphenidate) _____ mg _____ # pills/day

Metadate CR (methylphenidate controlled release) _____ mg _____ # pills/day

Metadate ER (methylphenidate extended release) _____ mg _____ # pills/day

Methylin (methylphenidate) _____ mg _____ # pills/day

Methlyphenidate _____ mg _____ # pills/day

Ritalin (methylphenidate) _____ mg _____ # pills/day

Ritalin LA (methylphenidate SR/ER) _____ mg _____ # pills/day

Ritalin SR (methylphenidate SR/ER) _____ mg _____ # pills/day

Vyvanse (lisdexamfetamine) _____ mg _____ # pills/day

Other (write in name) _____, _____ mg _____ # pills/day

Prescription will be pick-up at the office by _____ (name)

Mail to Home/Pharmacy. (Available only for routine refills.)

Mail to Address: _____

Additional forms on website at www.chapelhillpa.com