

Washington Medical Group, P.C.

- Use this method to request only prescriptions that have been prescribed to you by one of our physicians. New prescription request requires for you to have an appointment.
- Have you seen your physician within the last 3-6 months depending on your medication.

All fields are required to be completed in order for your request to be processed. There is a 48 hour processing time for all requests.

Name: _____

Telephone: _____

Date of birth: _____

Last date of visit: _____

Physician's name: _____

Name of medication: _____

MG: _____

Direction: _____

Check one of the following:

- Pharmacy telephone:
- Address (if mailing):
- Pick up

Comments: _____

For office use only:

- Approved
- Denied

Signature: _____

Date: _____