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AFTER HOURS-EMERGENCIES 952-653-0261

ADD prescription refill instructions:

For your convenience, Southdale Pediatric Associates, Ltd. is pleased to offer an **ADD** prescription refill service that is available 24-hours-a-day.

To use the service, we ask that you follow our office procedure allowing us to receive the proper information and notice to issue the refill prescription.

Please follow these office procedures when using this service:

1. Please call **at least 3 working days** before you need a prescription refill. If there is a problem with your child's present dosage, please arrange to speak with your primary doctor by calling the nurse advisor at your child's primary clinic.
2. You must provide all of the information that is required to process your request. Required information is listed on the back side of this sheet. It is suggested that you write the information in the blanks that are provided so you will be able to read it over the phone in the order that we have it listed.
3. You can call in your request 24-hours-a-day, seven days-a-week. However, our office phones are extremely busy from 8:00 a.m. to 10:30 a.m., Monday-Saturday.
4. This service is for **ADD** prescription refills, and cannot be used to refill other prescriptions or talk to a nurse about any other topics not directly related to refilling your child's **ADD** prescription.

Thank you for using Southdale Pediatric Associates, Ltd.,
ADD prescription refill service.



Use these procedures:

1. Call 952-841-8436
2. Provide the following information exactly in the order shown below.

(Please prepare in advance):

Pediatrician's name is: _____

Child's full name is (please spell): _____

Child's date of birth is: _____

Child's medication is: _____

Child's present dosage is: _____ a.m. _____ Noon _____ p.m.

If insurance **REQUIRES** a specific type of medication, please indicate: Brand Name Generic

I want the prescription sent to the pharmacy. Preferred pharmacy is:

OR

I want to pick up the prescription at the office (circle): Edina Burnsville Eden Prairie

OR

I want the prescription mailed to the address below:

My full name is: _____

Today's date is: _____ The current time is: _____ a.m./p.m.

If you have any questions, I can be reached at the following number: _____

**Thank you for using the Southdale Pediatric Associates
ADD prescription refill service.**