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## EMERGENCY RX REFILL

PATIENT NAME:(PLEASE PRINT) \_\_\_\_\_ DATE: \_\_\_\_\_

LIST EACH **PRESCRIPTION** AND THE **NAME OF PHARMACY** WHERE THE PRESCRIPTION MUST BE SENT:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

ANY CHANGE IN YOUR HEALTH SINCE LAST VISIT? CIRCLE: YES OR NO.

If "YES", PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

THIS COULD BE A NEW CONDITION, MAJOR LIFE CHANGE (DIVORCE, FAMILY DEATH...) OR CHANGE IN OLD CONDITIONS:  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU GONE TO URGENT CARE, THE EMERGENCY ROOM OR BEEN HOSPITALIZED SINCE OUR LAST VISIT?  
CIRCLE: YES OR NO. PLEASE LIST: \_\_\_\_\_

IF YES PLEASE EXPLAIN: \_\_\_\_\_

**PLEASE LIST ALL CURRENT MEDICATIONS AND NOTE ANY CHANGES SINCE YOUR LAST VISIT:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

**PLEASE LIST SUPPLEMENTS AND HOW YOU ARE TAKING THEM:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_