



Felton Health Care Specialists
Care for Those at Home

Prescription Refill Request

FAX to 253-880-0896

If you have a prescription refill request, please fill out this form and fax it to 253-880-0896. It would help us if you also text Tatianna at 206-471-9666 to let her know you have faxed a request.

Your Facility Name: _____

Pharmacy: _____

Pharmacy Fax Number: _____

Patient Name: _____

Patient Date of Birth: _____

Medication, Dosage, and quantity: _____

Additional Notes or Explanation: _____

Please allow 48 hours for us to respond. If you have not received a response in 48 hours, please follow up with Tatianna at 206-471-9666.