

CEDAR GROVE PHARMACY

1580 Main Street | Willowdale, OR 97333
Phone: (555) 221-3344 | Fax: (555) 221-3345
NPI: 1122334455 | DEA: BC7654321

PRESCRIPTION REFILL REQUEST

Date/Time: 02/10/2026 09:17 AM

URGENT: Patient has 0 refills remaining

TO: Dr. Evelyn Sato, DO — Whispering Pines Family Medicine
FAX: (555) 867-5309

PATIENT INFORMATION

Patient Name: NAKAMURA, KENJI
Date of Birth: 07/11/1969
Phone: (555) 332-7788
Insurance: Blue River Health — ID# BRH-445-9012
Allergies on file: Penicillin, Sulfa

MEDICATION REFILL REQUESTED

Rx #	Medication	Strength	Directions	Qty	Last Filled
RX-78223	Lisinopril	20mg	Take 1 tab PO daily	90	11/12/2025
RX-78224	Metformin HCl	500mg	Take 1 tab PO BID w/meals	180	11/12/2025
RX-78225	Atorvastatin	40mg	Take 1 tab PO at bedtime	90	11/12/2025

PRESCRIBER RESPONSE (please check and fax back):

- ☐ APPROVED as requested — Refill authorized for _____ months
- ☐ APPROVED with changes (see below)
- ☐ DENIED — Patient must schedule appointment before refill
- ☐ DENIED — Medication discontinued / changed to: _____

Notes: _____

Prescriber Signature: _____ Date: _____

Please respond within 48 hours. Patient last seen: 10/28/2025.
If no response received, pharmacy will contact patient to schedule office visit.