

# 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.