



P: (703)-246-0011

F: (703)-246-0012

www.ChiSovereign.com

REFILLS NEEDED ON NON- APPOINTMENT DAYS

There will be a \$25 charge for this service, which is not reimbursed by insurance AND due at the time of the request.

INSTRUCTIONS ON HOW TO OBTAIN A REFILL ON NON-APPOINTMENT DAYS

YOU WILL NEED TO HAVE YOUR PHARMACY FAX US A REFILL REQUEST, our fax number is 703-246-0012 OR by sending an email to admin@chisovereign.com and then leave the following information. After having the pharmacy fax us a request, please call our office (703-246-0011 ext. 13) and leave your name and daytime number, credit card number, with expiration date and 3–digit code on the back of the card and your refill will be processed.

Doctor's Name
Patient's Name and DOB
Medication name and dosage
Date current prescription will run out
Daytime Telephone number (very important if there are any questions)

Delivery Preferences:

PICK UP prescription at Chisovereign office (Monday to Friday 9:00 a-m -5:00pm)
FEE due at time of pick up.

OR

MAIL prescription: give current address and a credit card information and authorization to process \$25 fee.

Credit card information details required for processing are:

1. TYPE OF CREDIT CARD
2. CREDIT CARD NUMBER
3. NAME ON CREDIT CARD
4. EXPIRATION DATE w/ 3-DIGIT CODE ON BACK OF CARD