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GUIDELINES REGARDING CII PRESCRIPTIONS

ALL PATIENTS MUST FOLLOW THESE GUIDELINES (TO AVOID DELAYS AND CHARGES)

****REQUESTS MUST BE MAILED****

*****ABSOLUTELY NO DROP OFFS*****

CII – are for medications that are **CONTROLLED SUBSTANCES**. These include Adderall, Concerta, Dexedrine, Focalin, Methylphenidate, Ritalin, Vyvanse. **These RXs must be filled IMMEDIATELY.**

Please Mail The Bottom Of This Form back IMMEDIATELY After You Fill Your Prescription

You must have an **APPOINTMENT SCHEDULED** and your account in good standing before any prescription request can be completed. **NO SAME DAY RXs will be filled** pursuant to our 5 day policy.

****SEND BOTTOM PORTION ONLY****

TO AVOID DELAYS **RETURN IMMEDIATELY** TO THE OFFICE.
THIS FORM **MUST** BE FILLED IN COMPLETELY

CII MEDICATION REQUEST FORM

PATIENT NAME: _____ DOB _____ NEXT APPT. _____

NAME OF MEDICATION, INCLUDING DOSAGE AND DIRECTIONS:

****DATE MEDICATION WAS LAST FILLED: _____