

# Prescription Refill Documentation

Date: **October 3, 2023**

Patient Name: **John Doe**

Date of Birth: **January 15, 1980**

Medical Record Number: **123456**

## Prescription Details

Medication Name: **Amoxicillin**

Dosage: **500mg**

Quantity: **30 tablets**

Refills Authorized: **2**

Prescription Number: **789012**

## Provider Information

Provider Name: **Dr. Emily Smith**

Provider Phone: **(555) 123-4567**

Provider NPI: **1234567890**

## Comments

This is a refill authorization for the prescribed medication based on ongoing assessment and need.

Provider Signature: \_\_\_\_\_