

Ancor Health Center, PA

818 N FOURTH ST . LONGVIEW, TX 75601

ADD/ADHD REFILLS “Please Provide a Photo ID”

Patient Name: _____ DOB: _____

Parent Name: _____

Date: _____

Phone# _____

Address: _____

Weight Loss? _____

Sleeping Problems? _____

Behavior in School? _____

How well is dose & medication working? _____

Sign Here if picking up medication _____ Date: _____