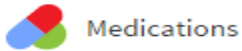


# REQUESTING REFILLS

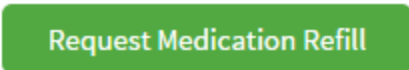
*Note: You must be logged into your Patient Portal account.*

1. Log into your Patient Portal account.

2. Click on the “Medications” tab



3. Click on the “Request Medication Refill” button



4. Select medications needing refill

Medication (required)

Retin-A 0.025 % topical cream

Other

Medication Name

*please answer*

5. If medication is not list, select “Other”. In the “Medication Name” box, please give the following information:

- Medication Name
- Strength of medication
- How often medication is taken
- Will your insurance allow 3 months’ supply?

6. Select your pharmacy

Pharmacy

**Doctors Center Pharmacy**

4119 W. Main St.

36305

Phone: 3347931316

7. Enter a phone number we can contact you, in case we need to contact you.

Preferred Phone Number

8. Leave a message if there is anything else you would like us to know.

Anything else you would like us to know?

*Type your notes here*

9. When you are finished, select the “Submit” button



10. If you would like to see your request, you can find it in your “Sent Messages” box.

a. Click on “My Messages” tab



b. Select the “Sent” tab in the “Inbox” dropdown

