

CHRISTOPHER BIR, M.D.

Child, Adolescent, and Adult Psychiatrist

1497 Chain Bridge Road, Suite 105
Phone: 703-749-3003, Fax: 703-749-3004

PRESCRIPTION (RX) REQUEST

PATIENT: NAME: _____
DATE OF BIRTH: _____
CONTACT: SELF OTHER _____
CELL PHONE: _____
HOME PHONE: _____

PHARMACY: NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
FAX NUMBER: _____

1ST MEDICATION: NAME: _____
DOSAGE: _____
FORM: TABLET: _____ CAPSULE: _____ LIQUID: _____
DIRECTIONS: _____
QUANTITY: _____

2ND MEDICATION: NAME: _____
DOSAGE: _____
FORM: TABLET: _____ CAPSULE: _____ LIQUID: _____
DIRECTIONS: _____
QUANTITY: _____