



Metro Community Health Centers
 Prescription Renewal Request for Patients Living in Residential Homes

MAR Must be attached to this request

Please contact your Pharmacy prior to contacting the Health Center

Date of Request:	Phone:
Requested by:	DOB:
Patient Name:	

Please Note: Refills should be requested 7 days prior to the last dosage. Please contact your Pharmacy within 24-72 hours to confirm if medication has been refilled. You may contact the Health Center after contacting your Pharmacy to confirm refills are not available. Please allow 3-5 business days to process.

Please write all medications that are being requested for refill:

Medication	Dosage	Prescriber

Please fax form with MAR to the clinic below that provides medical care for your patient

Metro Community Health Centers	Prescription Fax Line
Bronx-979 Cross Bronx Expressway Bx, NY 10460	718-665-7595
Crown Heights-842A Lefferts Ave. Bk, NY 11203	718-735-8939
Downtown Brooklyn-177 Livingston St Bk, NY 11201	719-855-7717
Queens- 51-40 59th Street Woodside, NY 11377	718-334-0399
Staten Island-2324 Forest Avenue SI, NY 10303	718-981-1431