



FORT WAYNE
INTEGRATIVE MEDICINE



FORT WAYNE
PRIMARY CARE

Attention Patients

Please print and complete this form and bring it to your next Office Visit. If this is not possible, please arrive 30 minutes prior to your appointment to complete Patient Intake Forms.

Prescription Refill Request

_____(Patient initials) Due to insurance regulations, any Primary Care patient prescribed compounding medication(s) will be required to see Dr. Veerula as an Integrative Medicine patient.

_____(Patient initials) There will be an Office Visit fee of \$165 (Existing patient) or \$225 (New patient).

Effective immediately, we will no longer honor pharmacy refill requests. This is due to the increasing discrepancies in several pharmacies. This includes all pharmacies, both retail, and compounding. The refill request applies to both Primary and Integrative Medicine patients.

If a refill is required, the patient must contact our office directly. Please note some refills will require an office visit.

We apologize for any inconvenience.

Date: _____

Patient Name: _____

Patient Signature: _____