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501 E. Nicollet \* Suite 200 \* Burnsville, Minnesota 55337 \* 952-898-5900  
18315 Cascade Dr. \* Suite 170 \* Eden Prairie, Minnesota 55347 \* 952-949-0399  
**AFTER HOURS-EMERGENCIES 952-653-0261**

### **ADD prescription refill instructions:**

For your convenience, Southdale Pediatric Associates, Ltd. is pleased to offer an **ADD** prescription refill service that is available 24-hours-a-day.

To use the service, we ask that you follow our office procedure allowing us to receive the proper information and notice to issue the refill prescription.

Please follow these office procedures when using this service:

1. Please call **at least 3 working days** before you need a prescription refill. If there is a problem with your child's present dosage, please arrange to speak with your primary doctor by calling the nurse advisor at your child's primary clinic.
2. You must provide all of the information that is required to process your request. Required information is listed on the back side of this sheet. It is suggested that you write the information in the blanks that are provided so you will be able to read it over the phone in the order that we have it listed.
3. You can call in your request 24-hours-a-day, seven days-a-week. However, our office phones are extremely busy from 8:00 a.m. to 10:30 a.m., Monday-Saturday.
4. This service is for **ADD** prescription refills, and cannot be used to refill other prescriptions or talk to a nurse about any other topics not directly related to refilling your child's **ADD** prescription.

Thank you for using Southdale Pediatric Associates, Ltd.,  
**ADD** prescription refill service.



**Use these procedures:**

1. Call 952-841-8436
2. Provide the following information exactly in the order shown below.  
(Please prepare in advance):

My pediatrician's name is: \_\_\_\_\_

My child's full name is (please spell): \_\_\_\_\_

My child's date of birth is: \_\_\_\_\_

My child's medication is: \_\_\_\_\_

My child's present dosage is: \_\_\_\_\_ a.m., \_\_\_\_\_ Noon, \_\_\_\_\_ p.m.

My child uses (circle one): Brand name or Generic

Preferred pharmacy is: \_\_\_\_\_

or I want to pick up the prescription at (circle choice below):

Edina      Burnsville      Eden Prairie      Mailed

My full name is: \_\_\_\_\_

Today's date is: \_\_\_\_\_ The current time is: \_\_\_\_\_ a.m./p.m.

If you have any questions, I can be reached at the following number,  
between the hours of 9:00 a.m. and 5:00 p.m., Monday- Friday:

\_\_\_\_\_

For mailing, please mail the prescription to: \_\_\_\_\_

**Thank you for using the Southdale Pediatric Associates  
ADD prescription refill service.**