



NEW HORIZONS

FAMILY MEDICINE, PC

Dr. Kim Gibson-Berry

Medication Refill Request

Patient Name _____ DOB _____

Patient Phone Number _____

Pharmacy _____

Pharmacy Phone Number _____

MEDICATION	DOSE	HOW MANY TIMES / DAY

Check One: ___ one month ___ three months supply

New Horizons Family Practice, Inc.
3142B Mt. Morris-Geneseo Rd., Mt. Morris, NY 14510
Phone: 585-658-2090
Fax: 585-658-4931

Dr. Kimberly Gibson-Berry
www.drkgb.com