



JOSEPH L. LARATTA, MD
JAMAL N. SHILLINGFORD, MD

1169 Eastern Parkway, Suite 400
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Office: (502) 413-5777
Fax: (502) 413-5766
Office hours: Monday thru Friday, 8am - 4:30pm

Please note the following important information:

Medication requests can take up to two (2) business days to complete.

Contact your pharmacy to ensure the medication being requested is in stock.

Medication requests will not be processed after hours, weekends, or holidays.

Once submitted we will email you back to confirm we have received your request and it's in process.

We will notify you upon receipt of this request if Dr Laratta or Dr Shillingford is going to taper your medication down. This is at the discretion of Dr Laratta or Dr Shillingford.

Narcotics are only filled within three (3) months after surgery.

If your pharmacy requires prior authorization please ask them to fax us a request or start a prior authorization request through cover my meds

(we are not always aware that a prior authorization is required; so please notify us so we can keep a lookout).



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Medication request:

Patient name: _____

Date of birth: _____

Date of request: _____

Please list your medication allergies:

What date did you have surgery performed by Dr Laratta or Dr Shillingford?:

Are you in pain mgmt; if yes please list your provider:

Have you been cleared by your pain mgmt provider for Dr Laratta or Dr Shillingford to prescribe medication?:

What was your baseline dosage for pain management:

Who is filling this request out and relation to the patient:

Return phone number: _____

Please list the medication you are requesting a refill on with milligrams:

How are you taking your medication?:

How was the medication prescribed (information located on your bottle):

Requested fill date: _____

Pharmacy name and phone number:

Please contact your pharmacy to ensure the medication is in stock: _____

Also, ask if they met their limit. Dr Laratta and Dr Shillingford can not e-prescribe medication to different pharmacies due to medication restrictions. Do you have any additional information to provide?:

