

**PRIMARY HEALTH GROUP – Henrico**  
**7660 E. Parham Road, MOB I, Suite 103**  
**Richmond, VA 23294**

**Telephone (804)282-2580 Fax (804) 285-4823**

**Office Hours M-Thurs: 8:00 a.m. – 5:00 p.m.**

**Telephone Calls are accepted between the hours of 8:00 a.m. – 4:30 p.m.**

## **REFERRALS:**

Patients are required to provide our practice a **minimum of 72 business hours notice** to request and process a referral.

## **PRESCRIPTION(S) AND PRESCRIPTION REFILL REQUEST:**

A **minimum of 48 hours notice** is required for prescriptions and prescription refill request. Patients are required to contact their pharmacy directly to request a prescription refill. Requests received **prior to 12 noon** will be available to be **picked up at 12 noon two business days later**. Requests received **after 12 noon** will be available for **pick up at 4:00 p.m. two business days later**.

## **APPOINTMENT CANCELLATIONS:**

Patients are required to contact our practice at least **24 business hours** in advance if you must cancel an appointment.

I acknowledge that I have received this notice:

Patient printed name \_\_\_\_\_ Patient signature \_\_\_\_\_ Date \_\_\_\_\_