

Refill Authorization Request

Pharmacy: Wal-Mart Neighborhood
Market Pharmacy [Store # 4691]
8035 VAUGHN ROAD,
MONTGOMERY, AL 36116-0000
Fax to: (334)777-5879
Contact Number: (334)777-5879
Request Date: 09/13/2025

Prescriber: BARTON, LINDSEY
DEA #: Not on File NPI: 1215285879
7461 EAST DR
STE 102
MONTGOMERY, AL 36117-7137
Phone: (334)244-3281 Fax: (334)244-3396
Profession : Cert. Registered Nurse Practitioner

Authorization for Refills

Rx Written Date : 02/18/2025

Last Fill Date : 06/21/2025

Rx# : 6861220

Disp Drug : VITAMIN D2 (ERGO) 1.25MG CAP

Disp Qty : 13

Patient: OMUR KURSUN, DENIZ
1319 BRISTOL PARK PLACE
MONTGOMERY, AL 36117-0000

Phone : (501)505-6729
DOB : 2/6/1978

Pres Drug: VITAMIN D2 (ERGO)50,000IU CAP

Pres Qty : 13

SIG : TAKE 1 CAPSULE BY MOUTH ONCE A WEEK

*Patient needs
repeat labs to
check her
levels*


Diagnosis Code

Refill this time PLUS ____ additional refills

Denied: ☐

Dispense As Written

Substitution Permitted

Authorized Date

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