
In order to facilitate your care, we have developed certain policies and procedures that we feel are important in establishing a working partnership. Please read this document carefully and initial each item below to acknowledge your understanding. Your signature is required for treatment to commence. Thank you.

PRESCRIPTION POLICY

Our office receives a large-volume of calls and faxes daily for medication refill requests. Many refill requests are a result of an increase in auto-refill requests being sent by pharmacies. Many refill requests come from patients who do not schedule a follow-up appointment within the recommended time for a follow-up. Many other refill requests come from patients who cancel follow-up appointments without rescheduling another follow-up within the time frame to prevent an interruption in medications.

All refill requests must be reviewed for accuracy and documented in the patient chart prior to authorizing the refill. Please help keep your care running smoothly by tracking how much medication you have and how many refills remain on the prescription, and ensure you have an appointment to see the doctor before you're out of medication.

Follow-up appointments are needed to appropriately assess your condition and the impact of any medications prescribed. Even if a patient responds favorably to a medication addition/change, a follow-up appointment is necessary to appropriately assess the impact of the medication addition/change. At the follow-up appointment assessments are made to determine if continuing medications are the appropriate course of treatment.

Please initial the following prescription policies below.

_____ No medications will be prescribed if you have not been seen in SIX months. Your chart will be closed and in order to reopen it you will need to attend an appointment.

_____ Auto-refills will be denied. Ask your pharmacy to take your prescriptions off of auto-refill

_____ A \$50 fee will be charged to replace each lost or stolen prescription for a controlled substance and may be grounds for terminating from the practice.

_____ There is no guarantee urgent requests for refills (technically new prescriptions) that are made outside of appointments will be met. Refills may be denied if appointment has been missed or is overdue. Patients who repeatedly request refills (technically new prescriptions) outside of appointments may be discharged from the practice

_____ If a medication is refilled outside of an appointment, a \$50 fee will be charged for each medication refill outside of appointments. If a medication refill is authorized outside of an appointment, there will only be an authorization for enough medication to provide sufficient medication until a follow-up appointment is attended, with a maximum quantity for 4 weeks. A follow-up appointment must be attended within 4 weeks so a medication can be continued beyond this.

The recommended time for a follow-up appointment is discussed at the appointment. Recommendations for a time until a follow-up appointment are based on medical judgment and the usual and customary standards of care. Your input about the time for a follow-up appointment is appreciated and taken into consideration. Please help keep your care running smoothly by making your follow-up appointments at the end of your appointment, with the follow-up appointments scheduled no later than the time-frame recommended at the appointment. If an appointment needs to be rescheduled, please make certain to reschedule your appointment before your medication runs out. Please plan ahead when needing to reschedule as a late cancellation may limit appointment availability. Medication refills may not be authorized for late cancellations of appointments

Patient Name: _____ Date of Birth: _____

Patient Signature

Date