



Prescription Refill Policy

Medications: We strive to have zero errors related to your prescriptions & medications. Therefore, please bring all prescription bottles or a list of medications to each appointment.

Please read the following prescription refill policy carefully and sign below:

- I will make every effort to have medications filled at the time of my office visit
- I agree to allow 48 hours for prescription refill requests to be processed
- I will use the refill request line to leave a voicemail message unless I require an urgent refill; in which case I will ask to speak to a nurse
- I understand that refills should be requested Mon-Thurs; and that refills requested after 4:00pm on Thursday will not be received until Monday
- I understand that a follow-up visit may be required in order to refill my medication
- I understand that for safety reasons the office does **not** accept auto-refill requests from pharmacies, as the doses/medications are often incorrect
- I agree to take all medications as instructed; and will not alter or change the dosage without consulting a medical provider first
- I will keep all follow up appointments as recommended so that my medications and any relevant lab work can be monitored
- I will not alter or forge a prescription; this is a felony and will be reported
- I understand that any and all controlled substances require a face to face office visit with the provider; and only a 30 day supply will be dispensed at any time
- I will not trade, sell or give away my medication
- I will not drive while taking any narcotic or controlled substance
- I will not combine alcohol with any narcotic or controlled substance
- I understand only emergency medications will be called in after-hours
- I understand controlled substance will **never** be called in or refilled afterhours or without an office visit

Pharmacy Name: _____

Location: _____

Patient Name: _____

SIGNATURE: _____

Date: _____