

PRESCRIPTION/DRUG POLICY

- 1) Prescriptions will not be refilled after normal business hours, on holidays or weekends when the doctor on call does not have your records. This is for your safety and the safety of others. An early refill on your pain medicine will NOT be granted if you take more than the prescribed amount.

- 2) Prescription refills should be called into your pharmacy. Your pharmacy will then contact the office. It may take up to two working office days to refill a prescription.

- 3) *Prescriptions will not be refilled if you have cancelled your last appointment, did not show for your last appointment, if you do not follow through with recommended treatment/testing, you have been discharged from the practice, or if you were to return only as needed (PRN). WE DO NOT PRACTICE PAIN MANAGEMENT.*

- 4) Prescriptions that have been lost or discarded will not be refilled.

- 5) Prescriptions that have been stolen will not be refilled.

- 6) During the time of your care in this office, unless we have referred you to a pain management specialist, this office will be the **ONLY SOURCE OF YOUR PAIN MEDICATION**. You may still receive other medication (for an example medications for infection, swelling, etc.) from your family doctor, but only **ONE** doctor should be prescribing your pain medication at a time.

- 7) It is our legal duty to report to the authorities the name of patient whom we believe may be taking, selling or distributing narcotics or other medications illegally.

- 8) We reserve the right to terminate the doctor-patient relationship in the event of any breach in this policy by the patient.

CANCELLATION OF AN APPOINTMENT:

A 24-hour notice is required when canceling an appointment.

NO SHOW (NO NOTICE OF CANCELLATION) FOR AN APPOINTMENT

There will be a \$50.00 charge after the first no show appointment in order to be scheduled again to see the doctor. If two no show appointments occur the patient/physician relationship will be terminated.

I HAVE READ THE ABOVE AND UNDERSTAND THE PRESCRIPTION, CANCELLATION AND NO SHOW POLICIES.

PATIENT SIGNATURE: DATE: _____