

NORTH RIVER FAMILY HEALTH CENTER PRESCRIPTION POLICY

Prescription refills and requests comprise a large volume of the telephone calls received by this practice. In an effort to streamline our call system and offer more efficient service the following outlines the policies and procedures for obtaining a prescription or prescription refill.

- Prescriptions will be refilled or denied within 24 hours of receiving your request. Please do not call back regarding your request during this time period.
- Please have the medication name, spelling, and dosage ready when requesting a refill.
- If you request a refill after noon on a Friday, there is the possibility your refill will not be available until Monday
- If you require an appointment regarding medication refills, please schedule the appointment at least 1 week prior to your medication running out.
- Please maintain your prescriptions at one local pharmacy. Your default pharmacy will be listed in your chart and all medications will be filled there unless you specify another choice.
- Any and all narcotics will be refilled by your primary physician only. Our on call physician **will not** refill any narcotic medications after hours or on the weekends!
- Narcotic medications will not be replaced if they are: lost, fall in the toilet, eaten by a pet, left someplace, or any other reason. If your medications are stolen a completed police report must be presented as evidence of theft prior to our considering a refill.
- We reserve the right to request a pill count from you on your scheduled controlled class medications at any time. This count will need to be performed within 24 hours of request. Failure to comply with this request may result in loss of prescription privileges.
- If you receive medications from another physician please let your provider know so that we can keep an accurate medical record and monitor possible drug interactions.
- Medications should be taken as prescribed. **Early refills will not be given.**
- If you are having an adverse reaction to a prescribed medication, please call our office and have the name of the medication along with a description of the reaction.
- Medications should not be stopped without consulting with your primary physician.

PRIMARY PHARMACY: _____

ADDRESS: _____

PHONE NUMBER: _____

My signature below indicates I have read and understand North River Family Health Center, P.A.'s policies regarding medication refill requests.

Name (printed)

Signature

Parent/Guardian

Witness

Chart Number

Patient's signature on file with North River Family Health Center, P.A., whether retained as an original signature, or electronically, shall be conclusive evidence of a patient's consent to the Prescription Policy.

North River Family Health Center, P.A. reserves the right to amend its Prescription Policy at any time without notice. Refusal to sign this Policy does not exclude you from the terms or conditions of this Policy.