

Patient Name: _____

DOB: _____

Current Medications

Please ensure that you have provided a complete list of current medications on your check-in paperwork. This list is updated at every visit to ensure accuracy and is used to send refills to the pharmacy. Please ensure medication name, dosing and frequency are included and accurate as they are required to accurately refill medications. Your medication list is updated at every visit based on the information you supply.

In order to ensure accuracy and to avoid medication errors our office policy is to only provide refills while patients are in office. All medications are automatically sent to the pharmacy at every visit to ensure continuity of care.

It is important to keep your scheduled appointment to ensure you receive timely refills. Repeated no shows or cancellations will result in denial of refills. All prescriptions require a follow-up appointment every 3 to 6 months. Per office policy, 12-month refills are not authorized.

Our office does not provide telephone refills or respond to requests for refills from pharmacies. If you find that you need a refill that is not listed in your chart you will be required to have an office visit.

Refills can only be authorized on medication prescribed by a provider in our office. We will not refill medications prescribed by other providers.

Some medications require prior authorization. Depending on your insurance this may take up to 10 business days to receive a response from your carrier.

If you have any questions regarding medications, please discuss these during your appointment. If for any reason you feel your medication needs to be adjusted or changed, please contact us immediately. Most medication change requests will require an office visit.

New symptoms or events require a clinic appointment. Your provider will not diagnose or treat over the phone.

Patient signature

Date