



## MEDICATION REFILL POLICY

Due to the necessity for communication on many levels, refilling medications through pharmacies can be a frustrating experience for both patients and staff. It is of the utmost concern to use that we refill your medication in a timely matter.

It is our policy to give enough medication and refill(s) to last until the next appointment date. **It is the patient's responsibility to remain current with their appointment schedule in order to obtain enough medication on time.** For your safety, and to minimize errors, our office discourages medication refills between regularly scheduled appointments.

Our providers will supply all medication(s) via E-prescription, unless otherwise stated or requested. Clinicians will refill only enough medication to cover until the next appointment. Patients are required to have a standing appointment scheduled within the next 30 days prior to any medication(s) refills being approved and/or sent to the pharmacy. **\*If the appointment is cancelled or rescheduled again, no additional refills will be provided.**

If you must obtain a medication refill before your next appointment, we suggest submitting a request via the patient portal system or contacting office staff directly, as we will not respond to, or approve, any refill request received from the pharmacy on behalf of the patient. Our clinicians reserve the right to refuse refilling any medication(s) if they believe it is clinically necessary to evaluate the patient before prescribing medication(s).

Per office policy, we do not prescribe stimulant medications, benzodiazepines, and/or other controlled substances without first evaluating the patient in the office.

Per office policy, patients requesting a medication refill for controlled medication(s) due to medication or prescription loss (or theft) will be required to provide a copy of an official police report and complete the appropriate lost prescription form, which can be provided by office staff.

I acknowledge that I have been made aware of this policy.

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**Print Patient Name**

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**Date of Birth**

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**Patient/Guardian Signature**

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**Today's Date**