



1325 Quintard Avenue
Anniston, Alabama 36201
Phone (256) 741-1339

256 Oxford Exchange Blvd.
Oxford, Alabama 36203
Phone (256) 835-0076

PRESCRIPTION REFILL POLICY

In order to provide you with better medical care and service, we will try to provide a periodic health maintenance visit. During this visit we will try to refill all health maintenance medicines and do a general checkup. Most of these visits will be scheduled during the summer months to allow us to focus more on your total health picture. At these times we will try to refill all medicines. For each visit you should bring all your medicine bottles so that we can clearly identify your medicines and pick up on potential medication interactions. We will attempt to refill your medicines to take you through your next scheduled visit and one month beyond as an emergency supply. The next scheduled visit will vary with what is appropriate for your medical condition. You should come in at or before the next scheduled time to get refills. If you have an emergent need for medicine refills, a short supply may be called in, however this requires our time to pull the chart, review your medicines, discuss with the physician, and call in a prescription, call you, and re-file the chart, so there will be a \$10 administrative fee for these emergency calls

If you need a prescription for controlled substance, we will try to give you adequate refills to get you to your next visit. Because of the rules and precautions regarding controlled substances, we must see you rather than calling in prescriptions for those type medicines refills.

Because of the confusion created by multiple pharmacies faxing requests for refills on the same medicines for the same patient, we do not refill medicines without actually seeing you and reviewing your medication bottles.

In summary please remember that we work together as a team for your health and that you are responsible for the following things:

- **Come in at or before the time of your next scheduled visit**
- **Bring all your medicine bottles with you each visit**
- **Please make sure you get adequate refills of your medicines while you are in the office and know their expiration date**
- **If you do need to request emergency refills these calls must be made during the weekdays from 8 to 3 PM and please understand the need to charge for our time**

Your next planned visit is the month of:

Jan Feb March April May June July August Sept Oct Nov Dec

You do not need an appointment.

We look forward to this bit of organization providing you with better health care.
The CARES TEAM

Patient Signature _____ **Date** _____

(top copy for patient, second copy for chart)