

Desert Neurology

MEDICATION POLICY

If you are prescribed medication during your care and treatment, there are several guidelines which you must follow.

1. The medication given to you should be taken as prescribed by your doctor. The medications may not be used for any other purposes than that for which they were given to you. These medications may not be given or sold to any other individual.
2. You will be given a specific amount of medication to last a specific length of time. You must keep track of your medications to make sure you do not run out before the specified time. It is your responsibility to have follow-up appointments scheduled far enough in advance so you do not run out of medication.
3. Requests for medication refills will only be considered during regular office hours (8:00 a.m. to 4:30 p.m.). In addition, please be advised: **No requests for any refills are processed on Friday.**
4. Request for medication refills should be called into your pharmacy who will in turn call our office. **Please allow 48 hours for this process.** If you have not had a follow-up appointment for some time, your refill will need to be reviewed by your physician and may not be refilled until you have been seen again.
5. No new refills or medications will be given if you have not been seen for three (3) months. It is your responsibility to make a follow-up appointment with our office.
6. If you call for medication or refills outside of regular office hours, you will be instructed to go to the emergency room. There you will be evaluated by an emergency room physician who will decide whether or not to refill your medication. Emergency department policy regarding medication refills is typically very strict, and there is no guarantee that you will get your refills. If the emergency department is busy, you may have to wait a long period of time to be seen.
7. For all controlled substance medication refills, pick-ups are at the office. You need to be seen by the Medical Assistant for blood pressure reading and a medical update.
8. While under the doctor's care, all pain medications will be given at the doctor's discretion. If you have received pain medications from another doctor, please notify us. **Breaking these rules may be grounds for termination of your treatment.**

Signing below indicates that you understand and accept the policies outlined above regarding your pain medications.

Signature: _____

Date: _____

Printed Name: _____