



Prescription Refill Policies and Procedures

Patient Name: _____ **DOB:** _____ **Acct #:** _____

In order to clarify our medical partnership with patients who are using prescription medications, we have compiled a list of procedures for how our office will handle refilling medications. A parent/ legal guardian should initial and sign below.

- Patients should contact their pharmacy first when needing a medication refill. Usually the pharmacist can refill a patient's medication on the spot or they will submit a refill request to our office.
- Before your regular appointments, please check your medications and note which need to be refilled. It is the patient's responsibility to ask for refills during appointments.

I understand it is my responsibility to request prescription(s) refills: _____

- We require regular office visits for all patients who are taking prescription medications. The interval will vary based on the medication prescribed.

I understand that regular office visits are required to have prescription(s) refilled: _____

- We require regular blood work for all patients on prescription medication, which is necessary for monitoring the safety and effectiveness of a medication. Patients who do not schedule for their regular intervals of bloodwork will not have their prescriptions refilled.

I understand that regular blood work is required to have prescription(s) refilled: _____

- Patients should be responsible and submit their request for refills and/or schedule their regular office visit at least 2 week prior to running out of their medication. Fulfilling a refill request takes at least 24 hours to process, so please plan ahead.

I will be responsible to know when my medication(s) need to be refilled and I will schedule my office visits early: _____

- All new patients must have an office visit before any prescription medication is prescribed.

I understand: _____

Chesterfield Pediatrics provides multiple ways for patients to request the medication refills they need. These include the following:

1. Calling your pharmacy first when ordering refills. They will send a refill request to our office.
2. Ask for refills during your regular office visits with a provider.
3. Call our office and leave a voicemail on the nurse's line.

I understand the available options to request a medication refill: _____

I have read Chesterfield Pediatrics' **Prescription Refills Policies and Procedures** and by initialing above and signing below, I agree to abide by them in full.

Parent/ Legal Guardian Signature

Date

E-prescribing Medication History Consent

I understand that Chesterfield Pediatrics has implemented ePrescribing for its patients. I also understand that ePrescribing involves the ability for the practice to send prescriptions electronically to pharmacies, eliminating the need for a more time consuming, and sometimes more costly, approach to prescribing through paper, phone, and fax. ePrescriptions are fast, convenient, legible, secure, cost-effective and safe. The ePrescribing process also allows the health care provider to access critically important information about their patient's current and past medications from pharmacy benefit managers and community pharmacies. This information helps alert the provider to other potential medication issues with their patients and can improve safety and quality.

I have been given an opportunity to ask questions about the ePrescribing process and have had those questions answered to my satisfaction. I hereby consent to the practice requesting and using my medication history from other health care providers or third party pharmacy benefit payers for treatment purposes in connection with the ePrescribing process.

Patient or Parent/ Legal Guardian Signature

Date