

Prescription and Refill Policy

In order to provide the highest level of care to all our patients, we must all follow a clear, fair prescription and refill policy. If you have any comments or questions, please direct them to our medical assistant for prescriptions.

1. Call your pharmacy and ask them to **fax** your medication request to **(847) 895-4544** or electronically transmit your medication request to our office.
2. Leave your contact information on the prescription medical assistant's voicemail in case there are any questions regarding the medication fill/refill. Be advised that your medications will only be filled until your next appointment, so please follow your doctor's treatment plan. (i.e. If you are to return in 1 month, ensure that your follow-up is scheduled within 30 days.)
3. Medication refill requests that are received by **2PM** will be processed by close of business on that day. Requests received after **2PM** will be processed on the next **business** day. Please take into account recognized holidays.
4. A **\$35 service charge** will be assessed to **any** refill granted for your convenience because you missed or cancelled an appointment. You are expected to make and keep appointments before your prescriptions run out. This is to allow for medication adjustments and review of symptom relief.
5. A **\$35 service charge** will be assessed to any prescription or refill written to replace one that was lost or stolen. You must **present a police report** describing the circumstances surrounding the loss of your medication or prescription.
6. Prescriptions for **SCHEDULE II Controlled Substances** MUST be brought to your pharmacy and filled within **ninety (90) days**. These include, but are not necessarily limited to the following:
 - amphetamine/amphetamine salts (**ADDERALL**)
 - methylphenidate (**RITALIN, CONCERTA, METHYLIN, METADATE**)
 - dextroamphetamine (**DEXEDRINE**)
 - dexmethylphenidate (**FOCALIN**)
 - fentanyl (**DURAGESIC**)
 - meperidine (**DEMEROL**)
 - oxycodone (**OXYCONTIN**)
 - hydromorphone (**DILAUDID**)
 - **METHADONE**
 - **MORPHINE**
 - buprenorphine (**SUBUTEX/SUBOXONE**)
7. A **\$35 service charge** will be assessed if **SCHEDULE II** prescriptions are not filled within **ninety (90) days** and a new written prescription is reissued.
8. Please monitor your medications and call us 5-7 days before your last dose to avoid any delay or lapse in your treatment.

By signing below you certify that you have read and agreed to the above prescription and medication refill policy.

Signature of Patient

Signature of Parent/Guardian
(If Patient Is a Minor or Otherwise Applicable)

Date

Staff Member Witness