

PRESCRIPTION DRUG POLICY

The law requires responsible usage of prescription drugs by physicians and patients. If you accept a prescription from one of our practitioners, you are also accepting the responsibility to use the drug for yourself and only as prescribed. Our responsibility is to prescribe medications in an appropriate dosage and amount, with clear instructions. We will also inform you of the reasons we are prescribing the drug, the expected benefits from its use, and the major precautions and side effects. We will answer any questions you may have about the prescription drug you are being given.

Prescription drugs have potential for abuse and are regulated closely by state and federal agencies. Certain more closely controlled drugs (narcotic pain medications and tranquilizers) require even more responsibility on your part. We will accept NO excuses for their loss, theft, and will not order replacements. We will not prescribe them if you are using them other than exactly prescribed or receiving them from another source. We expect you to notify our office if you change drug stores, so that the order at the first store may be cancelled.

Many prescription drugs are appropriate for short term use only. If and when we feel it is not in your best interest to continue on a medication we will let you know. If we cannot agree about your continued use of a substance, then we will require additional consultation with other specialists to help decide on the correct course of action.

Our office also requires a 24- 48 hour call-in policy of the refill of your prescriptions. When your medications are getting low and you feel you will need a refill, please call our office. Make sure to provide us with the name of your pharmacy, pharmacy phone number and the type of medication you are taking. You must allow us 24- 48 hours so that we will have time to ask your practitioner and then call in the medication to your pharmacy. Prescriptions will not be refilled after 12:00 pm (noon) on Fridays or on weekends.

Failure to follow these policies will force our office to terminate our professional relationship and may require us to file a report with the Department of Professional Regulation (DPR) or the local police. Accepting treatment and /or a prescription by one of our practitioners therefore indicates that you are in agreement with this policy and will abide by these terms.

This is an acknowledgement that I have received and understand the prescription drug policy for the office of OrthoSports, LLC.

Patient or Designated Representative Signature

Printed Name

Date