

ALPHA MEDICAL CLINIC

PAIN MEDICATION AND PRESCRIPTION REFILL POLICY

1. I agree to allow 48 hours for prescription refills.
2. I understand that prescription refills requested after 4:00 pm will not be received until the next business day.
3. I understand that a follow-up visit may be required from my physician in order to obtain a refill.
4. I agree to take all medication exactly as instructed. I am **NOT** allowed to change dosage amounts or alter the time schedule of taking the medication without speaking to my physician.
5. Narcotics and non-narcotic medications will **NOT** be phoned in after hours or on weekends.
6. Patients may be terminated from the practice with 30 days notice for noncompliance in taking of their medications.
7. Alpha Medical Clinic will **NOT** refill prescriptions that have been lost or misplaced.
8. I must keep all appointments as recommended.
9. I will not give, trade or sell medications.
10. The following are conditions for immediate termination from the practice;
 - 1) Obtaining narcotics from other physician while under Alpha Medical Clinic care.
 - 2) Altering or forging of a prescription. *This is a felony and will be reported*
11. I am aware that most of the manufacturers of drugs used to treat chronic pain recommend against the operation of heavy equipment, which includes driving a motor vehicle. Please be aware that if you choose to drive a vehicle you could be charge with a DUI.
12. I will not combine any narcotic medications with the consumption of alcohol.
13. Only one pharmacy may be used for filling prescriptions. My pharmacy's name and locations: _____ . (Please notify us if you change pharmacies)

I have read, understand and agree to the policies above. I understand that if I do not sign this document, my physician may refuse to prescribe me pain medications.

Patient Name: _____
(Please Print)

Patient Signature: _____ Date: _____