

Prescriptions and Refills

**We now e-prescribe most medications for your convenience. Please list your pharmacy details so that we can send your prescriptions to the proper location.

Preferred LOCAL PHARMACY:

PHARMACY Name: _____ Phone: _____

Address: _____ Zip Code (required): _____

If you need to use a specific MAIL ORDER PHARMACY with your insurance:

PHARMACY Name: _____ Phone: _____

Address: _____

In order to ensure that you are receiving the most appropriate and accurate treatment, **we will only be able to prepare regular pharmacy prescriptions and refills during a scheduled office visit. Please notify the medical assistants of all possible medications that may need to be refilled during the next year at the time of your appointment.** Refills for most medications last for one year, at which time we will be happy to see you again in the office for another prescription. We recommend that you take advantage of your medication refills before they expire.

During your office visit, we will write your prescriptions with adequate refills to last until your next follow-up appointment. In response to fax requests from pharmacies or call-ins for prescription renewals, we will kindly ask that you come into the office for an appointment. (Please note that this policy does not apply to compounded Retin-A or Hydroquinone lightening cream refills, since each of these refills must be authorized through our office every time).

We recommend that you schedule your recommended follow-up appointment at each visit to prevent any unexpected medication emergencies.

We apologize for any inconvenience this may cause, as we work to ensure that you are receiving proper treatment.

Patient Name

Signature

Date