

PRESCRIPTION REFILL POLICY / PAIN MEDICATIONS

1. I agree to allow 48 hours for prescription refills.
2. I understand that prescription refill requests after 4:00pm will not be received until the next business day.
3. I understand that a follow-up visit may be required in order to obtain a refill.
4. I agree to take all medications exactly as instructed. I am NOT allowed to change the dosage amounts or alter the time schedule of taking medication without first speaking to my physician or his assistant.
5. Narcotics and non-narcotic medications will NOT be phoned in after hours or on the weekends.
6. Patients may be terminated from the practice with 30 days notice for noncompliance.
7. The providers of Sutton Orthopaedics will NOT refill prescriptions that have been lost, stolen, misplaced or destroyed.
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:
 - A) Obtaining narcotics from any other physician while under Sutton Orthopaedics care.
 - B) Altering or forging 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 charged with a DUI.
12. I will not combine any narcotic with the consumption of alcohol.

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 medications.

Patient Name: _____
(Please Print)

Patient Signature: _____ Date: _____