

Prescription Policy

The following information will explain our process for handling medication refill requests.

Please keep in mind that antibiotics as well as other medications may not be called in to your pharmacy if we require an office visit.

If you have a Patient Portal account:

- 1. Submit your refill request through your Portal**

If you do not have a Portal account:

- 1. Please call your Pharmacy to place a refill request. This will help to expedite your request. Your Pharmacy will then notify our office with your request.**
- 2. Your Pharmacy will let you know when the medication is available or if you need to schedule an office visit.**

If you call our office follow these steps:

- 1. Select option #4 for refill requests, then select option #2**
- 2. Leave the following information on your message:**
 - a. your name**
 - b. your date of birth**
 - c. medication name & dosage**
 - d. your pharmacy name & number**
- 3. Please leave only one message or it may increase the response time**
- 4. Please allow our staff 24-72 business hours to process your request**

Sign: _____ **Date:** _____

Print name: _____ **Date of Birth:** _____