



RX PRESCRIPTION REFILL/SCRIPT PICK-UP

- No prescriptions will be refilled or written on Saturdays, Sundays or Holidays.
- Can take up to **2 days** to process prescription(s) renewal and/or pick-up requests.
- The patient is responsible for knowing when medication(s) will need to be refilled (no early refills).
- Prescription phone-in/pick-up: Monday-Friday during business hours **ONLY** (8am-5:00pm).
- Prescriptions will not be filled for non CHC members.
- Prescriptions may only be picked up by the patient. Someone other than the patient may **ONLY** pick up medications if they are listed on a release form signed by the patient and kept on file at CHC.
- Non-controlled/non-narcotic prescriptions require a follow up appointment every **6 months**.
- Controlled-substances/narcotic prescriptions require a follow up appointment every **30-90 days**.
- Signed form required if using narcotic/controlled medications stating that the prescription is within the correct timeframe, and that the patient acknowledges that they have received the script for the correct medication.
- No early refills if medications are overused/abused/misused. Must follow prescription directions.
- No medication/prescription will be replaced if lost, stolen, misplaced, and overused, etc.
- Medications are for the prescribed individual's use only. It is illegal to "share" your medicine.
- Patient must pick-up his/her prescription(s) in person, unless pre-authorized by staff.
- Patient must pick-up any medications provided by our facility within 1 week of notification that medication is ready for pick-up. Any medications not picked up after 30 days will be returned to CHC dispensary stock and will not be re-dispensed until patient is seen for an evaluation to determine medication need.
- Patient must provide photo identification at the time of script pick-up. Failure to present photo identification will result in the patient not being able to pick up their medications or scripts.

I understand and accept the protocol listed above. Failure to comply may subject immediate termination of prescriptive medications.

Printed Name: _____ Date: ____/____/____

Signature: _____

Name of person picking up Rx (if not same): _____

Medications/Prescriptions (list below): or ALL (circle)

We strive to offer the best services and care for each patient in a timely manner. The above "rules" are essential and necessary in order to efficiently manage a clinic. Thank you in advance for your cooperation and understanding.