PRISAT, PA.

Controlled Medications Agreement.

I, _____ agree to abide by the following rules regarding the dispensing of prescription for controlled medications.

Controlled medications will be not dispensed in the office by any staff other than the provider by a written prescription.

We will not be calling in prescriptions that are not due before the time.
Controlled medication prescription will not be called in the pharmacy after office hours or on the weekends or holidays when the office is closed.

Patients need to call in for request for refills for controlled medications 4 days or more prior to giving out. It is upto the provider discretion to refill it or need to call in a patient for a visit prior to authorization.

Once the prescription is written the patient is responsible to take medications as prescribed, not run out of it due to either taking too many or losing medications.

The practice is not responsible for lost prescriptions, stolen scripts or lost medications. It is the patient responsibility to take care of medications and keep it in secured place.

Any breach in agreement of the above may result in termination of the patient to the practice as decided by the provider.

I understand the above agreement and given the opportunity to ask any questions. My questions were answered by the staff satisfactorily.

Patient signature :_____ Date _____

Physician signature : _____