

Pierremont Pediatrics
Medication & Policy Agreement

As part of your child's treatment, our physicians may prescribe your child medication. Many of these medications can have serious side effects, if they are not managed properly. Your child's health and safety are very important to us, and we need your help to enforce and follow these guidelines.

To ensure your child's safety:

1. I understand it is the policy of Pierremont Pediatrics that, prescriptions for acute illnesses, for which a patient has not been recently seen in the clinic, will NOT be changed or called-in without an appointment.
2. I understand it is the policy of Pierremont Pediatrics that, requests for refills or changes to a prescription, originally written by another provider, MUST be directed to the original prescriber.
3. I understand it is the policy of Pierremont Pediatrics that, refill requests for routine medications must be made at least 24hours in advance, during regular business hours, Monday through Friday. *(Depending on your child's medication and condition, annual follow-up appointments may be necessary to continue receiving refills.)*
4. I understand it is the policy of Pierremont Pediatrics that, no medications will be given for canceled or no-show appointments. *(If a patient arrives more than 15 minutes late to an appointment, the appointment may have to be rescheduled.)*
5. I understand that Pierremont Pediatrics reserves the right to request a urine drug screen, at any time, for patients who are prescribed a controlled substance.

By signing this agreement, I agree that my signature indicates that I have read, understand, and agree to the terms of this policy.

No medications will be prescribed without the acceptance of this agreement.

Guarantor

Date/Time

Printed Name

Patient Name

Date of Birth