



Southwest Family Physicians
—YOUR FAMILY IS OUR FAMILY—

Prescription Policy

Since the advent of pharmacy automated prescription refills, our office receives an ever increasing volume of calls and faxes daily for medications refill requests. We cannot safely manage this volume of phone and faxed medication requests and still provide you with the quality of care you deserve. As of April 2014, we implemented our prescription refill policy more tightly.

1. Before you come to your appointment, you should look over your medications, diabetes supplies, inhalers, etc. to determine if you need to request any new prescriptions while you are here at your face to face appointment.
2. We do require office visits on a regular basis for all of our patients taking prescription medication. The interval will vary, depending on the type of medication prescribed, how sick or stable your condition is, and what is agreed upon between you and your provider when you are here. **PLEASE BE SURE YOU HAVE ENOUGH MEDICATION TO LAST UNTIL YOUR NEXT SCHEDULED VISIT.**
3. Please bring all your prescription bottles with you to your appointment or a list including name of medication, dose, how often you take the medication, and the prescribing provider. This is important to make sure we cross-check that you are taking the correct medications and the correct doses. We will continue to take time to carefully review your medication and write enough refills at your office visit. We will also ask you to review the new prescriptions to make sure that they are written correctly.
4. We offer the following options for your in office, face to face prescription refills:
 - a. We can send most prescriptions electronically to most local pharmacies.
 - b. We can send prescriptions electronically to a mail-order pharmacy. You need to already have an account set up with the mail-order pharmacy for us to do this.
 - c. We can provide written prescriptions.
 - d. Prescriptions for certain narcotics, mental health medications, including those for attention deficit disorder medication must be printed and hand signed, as it is required by law.

5. Please plan your prescription needs in advance: prescription refill requests should not be coming to us over the phone and fax, unless there is some urgent exception. All refills will be reviewed, discussed, and refilled face to face. In the event of a rare exception, refills may take up to **2 business days**. If it is a prescription that must be hand signed and picked up at the office it may take up to **4 business days or longer, should your provider be out of the office**.
6. If you call to request a refill but are over due for a follow-up visit and/or blood work (necessary for monitoring the safety or effectiveness of a medication), the provider may agree to call in just enough medication to a local pharmacy to last until we are able to schedule an office visit. **IT IS YOUR RESPONSIBILITY TO SCHEDULE AN APPOINTMENT BEFORE YOU RUN OUT OF MEDICATION.**
7. We understand that there might be a situation when you do have to call us for a prescription. Check the list below and see what you can do to avoid incurring a prescription refill fees at the pharmacy.
 - **Are you changing to a new local pharmacy?** You should call your new pharmacy and request that your prescriptions be transferred from your old pharmacy. We sometimes do not have to write new prescriptions.
 - **Are you going on an extended vacation and need to use an out-of-town pharmacy?** You need to call the **NEW** pharmacy that you will be using and have them contact your hometown pharmacy to have your prescription transferred. When return home, you have to reverse the process.
 - **Are you changing to a new mail order pharmacy?** Some pharmacies will transfer prescriptions to the new pharmacy. If you still have refill on your current prescriptions, please check with your current mail order pharmacy to see if your prescriptions can be transferred.

Thank you for choosing SW Family Physicians as your provider. We look forward to working with you to assure safe and high quality medical care.

Patient Name: _____ DOB ____/____/____

Patient Signature: _____ Date: ____/____/____