

Shoreline Pediatrics & Adolescent Medicine

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Prescriptions and Refills

Required Visits - In order to prescribe medications and authorize refills, our providers must be able to monitor their safety, effectiveness, and continued appropriateness for your condition. The prescribing provider will determine how often you need to be seen for visits. *You must make and keep these appointments in order for us to authorize refills.* If you have any concerns about your ability to adhere to the provider's instructions, including coming in for required visits, make sure to discuss with your provider.

Requesting Refills - *Except for controlled medications*, requests for refills should be *directed to the pharmacy that last filled your prescription.* The pharmacy will then transmit the request to us electronically, saving time and minimizing the risk for errors. For refills on controlled medications, or questions about any medication, you should contact our office directly during our normal hours of operation which are: **Mon-Thu 8:30am-6:45pm, Fri 8:30am-4:45pm, Sat 8:30-11:45am.**

Turn-Around Time - Requests for refills can usually be authorized by *end of the next business day.* That is because any of our providers can review your records and authorize your refill as long as you have been able to adhere to provider instructions, including coming in for required visits. If you have been unable to adhere to provider instructions, we may not be able to authorize your refill. In that case, we will offer you a visit with a provider to get you back on track.

Controlled Medications - Some medications commonly prescribed for pain, ADHD or anxiety are considered "controlled medications", and require additional monitoring to assure safety and compliance with the law. Misuse of controlled medications including sharing with others, altering prescriptions or using deception to obtain is extremely dangerous and illegal. If you obtain or are prescribed controlled medications from any source outside of this practice, you must notify us immediately. Failure to follow provider instructions for controlled medications may result in you being involuntarily discharged from our practice.

Acknowledgment - Your signature below may be requested to indicate receipt and understanding of this information. If you have any questions, please speak with one of our providers or nurses. Thank You!

Print Patient Name

Date of Birth

Print Parent/Guardian Name (if patient is under 18yo)

Patient Signature

Date

Parent/Guardian Signature

Date