



Tricity Family Medicine & Urgent Care Clinic

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PRESCRIPTION REFILL POLICY

The first step to refilling your prescription is to call your pharmacy and request a refill request to be faxed to our office.

- No prescriptions will be refilled on Saturdays, Sundays or Holidays by any of our on-call physician or provider for any reason. The on-call providers are to be called for emergencies only.
- Before you come to your regular appointment, you should look over your medications, diabetes supplies, inhalers, etc. to determine if you need to request any new prescriptions at your appointment.
- The patient is responsible for knowing when medication(s) will need to be refilled.
- Prescriptions **will not** be filled for “walk-in” patients (requested by walking into the clinic).
- Any change to your medication treatment plan (increasing or changing medications) will not be made over the phone. It will require a follow-up visit for re-evaluation.
- We do require office visits on a regular basis for all of our patients taking prescription medication. It is very important to have follow-up visit and/or blood work necessary for monitoring the safety or effectiveness of a medication.
- **Require 4 days minimum to process prescription(s) renewal and/or pick-up requests.**
- **Non-controlled/non-narcotic prescriptions require a follow up appointment every 3-6 months.**
- **Controlled-substances/narcotic prescriptions require a follow up appointment every 30-90 days.**
- New symptoms and/or events require a clinic appointment. Provider unable to diagnose via phone. If you think that you are having an allergic reaction to a medication, call the office immediately or go to the nearest emergency room.
- No early refills if medications are overused/abused/misused. Must follow prescription directions.
- No medication/prescription will be replaced if lost, stolen, misplaced, overused, etc (*treat like money!!*).
- 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.

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

Patient Name: _____

Signature of Patient/Responsible Party _____

Date: _____