

PRESCRIPTION REFILL POLICY

In order to provide outstanding quality care, Monarch Health and Wellness LLC prescribers adhere to a strict prescription refill policy. Medication refills are best addressed at the time of your visit with the provider. This allows you to update the provider on any changes in your medication or advise them of any new or ongoing symptoms. We understand, however, that sometimes this is not possible, and, in those situations, it will be necessary to follow our refill policy:

- Please contact your pharmacy first to send refill requests of your medication to the office.
- It is your responsibility to notify the office and the pharmacy in a timely manner when refills are necessary. Approval of your refill may take up to three (3) business days, so please be courteous and plan as needed.
- Medication refills will only be addressed during regular office hours. The after-hours messaging system will not return any phone calls regarding refills. Please contact the office on the next business day to place your refill request.

To effectively process your prescription refill request, the following information is required:

- Date that the request is made
- Spell your first and last name
- Your date of birth
- Spell the name of the medication and dosage
- Date that the current prescription will run out
- State how you are currently taking the medication
- Name and location of your pharmacy
- Contact information where we can reach you

The following guidelines will be followed when processing your refill request:

- There will be NO refills given on Friday's after 4 PM, weekends, or Holidays.
- A process time of 3 days minimum will be needed for all requests.
- There will be no early refills, patient must follow prescription directions.
- Requested medications cannot be picked up at the office.
- Prescription medications that are lost or stolen will not be replaced.
- No refills will be processed for prescriptions not initiated by the prescribing provider.
- Some medication refill requests will require a follow up appointment.
- New symptoms and/or events will require an office appointment.
- Signed "Prescription Refill Policy" is required for all medication prescriptions.

By signing below, I understand, agree, and accept the policy listed above. Failure to comply may result in immediate termination of prescriptive medications.

Client/Guardian Signature _____ Date _____

Client Name (Print) _____ DOB _____

