

Name:
Chart:
Date:



ORTHOPEDIC ASSOCIATES OF MEADVILLE, P.C.

11277 VERNON PLACE, SUITE 200 • MEADVILLE, PENNSYLVANIA 16335 • 814/724-1252
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GUIDELINES FOR PRESCRIPTION REFILLS

1. Our office requires a 7 day notice for prescription refills.
2. Medications will be refilled between 9 AM and 4 PM Monday - Friday. No refills on the weekends or holidays. The "on-call" physicians will not refill medications.
3. Safety of your prescriptions is YOUR responsibility. **LOST PRESCRIPTIONS WILL NOT BE REFILLED.** Lock up your prescription medicines and keep them away from children.
4. Our physicians may not refill prescriptions for pain medicine if you are receiving similar medicines from another physician.
5. Be aware of the effect of other medications you may be taking. Ask your doctor or your pharmacist whether you can take them along with pain medication.
6. Do not drink alcoholic beverages while taking pain medication. Obey warnings regarding sedation of certain medicines.
7. Follow the prescribed dose of medication. Do not give your medications to other people and do not take medication from others.
8. Preferred Pharmacy & Location: _____
(This pharmacy will be used for your refills unless otherwise specified.)
9. Orthopedic Associates of Meadville may request and use my prescription medication history from other healthcare providers or third party pharmacy benefit payors for treatment purposes.

I agree and will comply with the above guidelines.

Print Patient Name: _____ DOB: _____

Signature: _____ Date: _____
(Patient, Parent or Guardian)