



Ormond Pediatrics

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ADD/ADHD POLICY

Due to recent guideline changes made by the DEA we have adjusted our office policy to reflect compliance. This policy is made for any and all controlled substance medication refills. Federal prescribing laws control the writing and dispensing of prescription medications. Most medications used to treat ADD/ADHD symptoms have been designated as controlled. Our system allows for these medications to be dispensed by our doctors either by electronic submission or printed/signed prescription.

Please initial each line below indicating your complete understanding of our office policy.

_____ Monthly prescriptions will be written on weekdays during office hours, with a minimum of 3 days notice. Patients/Parents are responsible for making any and all refill requests within that time frame. A one-month prescription will be written at a time.

_____ Patients are required by the DEA to be seen once every three months for a "medication check". Yearly physicals will not be conducted during these medication checks. During these appointments, your doctor will review any changes in medical, family and social history. They will assess your child's interval academic and behavioral progress and perform a physical examination. These visits allow us to ensure appropriate dosage and monitor for side effects. After the initial evaluation a mandatory 30 day follow up must be scheduled. If at this follow up appointment no changes are made to your medication, we will start the three month follow up process. If changes are to your medication you must follow up again in 30 days.

_____ Lost or stolen medications will not be replaced. Medication refills are for a full 30 days, partial prescriptions are unable to be written. Please do not accept partial prescriptions from the pharmacy. Please make sure that your child's medication has been placed in a safe location.

I have read and understand the ADD/ADHD medication prescription policy for Ormond Pediatrics. I understand my responsibilities and my pediatrician's responsibilities for these medications.

Patient Name

Patient's Date of Birth

Parent Signature

Date