Premiere General Medicine SC
7270 W. College Dr., Ste. 102, Palos Heights IL 60463
Ph: (708) 603-5980 Fax: (708) 589-9059
www.PremiereGeneralMedicine.com

Nicholas Rizzo, MD, JD, FACP
Kristin Doyle, MSN, NP-C, CCRN
Phyllis Glazer, MA, LCPC

Prescription Refill and Controlled Substance Policy

Prescription Refill Policy

- Unless otherwise directed by your provider, maintenance medications such as blood pressure, diabetes, cholesterol and thyroid medications will usually be approved if you have had an office visit within timeframe requested by your provider for follow up. If you have not been evaluated in that time, a follow up visit may be needed to verify medication needs -- usually 3 months.
- Antibiotics will not usually be called in without a visit. Its more often the case that if you are ill enough to need antibiotics then you are ill enough to need a provider's evaluation.
- You are responsible for not running out of your medications and knowing when medications will need to be refilled.
- Certain medications may require you to laboratory testing before they can be refilled.
- Please allow two business days to complete refill requests. No prescriptions will be refilled when the office is closed, on weekends or on holidays.
- Refills can only be authorized on medications prescribed by providers in our office. We will not refill medications prescribed by other providers. No prescriptions will be refilled by an on-call provider covering for the prescribing provider.
- Emergencies to the above are the exception, and are at the discretion of your provider.

How to Request Prescription Refills

- Plan Ahead. Contact your pharmacy or our office 3 to 5 business days before your medication is due to run out. You can ask the pharmacy to send us an e-mail request (called an e-scribe) or send us a fax. Some pharmacies now allow you to call in to an automated system and request refills, and some have the ability to give you an online account.
- You can e-mail us through the patient portal accessible through our website.
- You can call our office phone at **708-603-5980.** For all refill requests left on our office voicemail please include:
  1. Full name, date of birth, and daytime phone number
  2. Medication name, dose, and frequency (example: metoprolol, 25 mg, two times a day)
  3. Pharmacy name, street address, and phone number
- Please do not call or text the provider's cell phone for refills, unless it's an emergency.

Mail Order Prescription Refills

- For mail order pharmacies, contact us 2 to 3 weeks before your medication is due to run out.
- Your provider can give you a written prescription to mail in or send it in electronically. If your provider determines that you need to start a medication immediately, a mail order pharmacy may not be the best route and you should pick it up at a local pharmacy.

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Controlled Substance Policy

During your treatment, a variety of medications may be prescribed to help treat a broad range of conditions. If used properly, these medications are effective. However, some have the potential for serious adverse side effects such as altered consciousness, impaired judgments, constipation, lethargy, organ damage, and even death. These also have the potential for abuse, addiction and dependence. Consequently, Federal and State laws have strict guidelines for prescribing them. These are called Controlled Substances.

The most restricted include medications such as morphine, hydrocodone, oxycontin hydromorphone, Lortab, MS Contin, Tylenol #3 with codeine, Tylenol #4 with codeine, Ritalin, Adderall and Concerta. These cannot be refilled by telephone but must be e-scribed. With some mailorder exceptions, these can only be dispensed 30 days at a time with no refills. This means if a refill is needed, it must begiven every 30 days (this is not technically a refill, but a new prescription).

Some controlled substances such as some pain medications like tramadol, some anxiety medications like lorazepam, clonazepam and diazepam, and some sleeping pills like zolpidem may be called in by the provider and may have up to two refills.

It is the policy of our practice, in accordance with Federal law, to minimize the use of these controlled substances due to their risks and addictive nature. If your condition requires these medications after a time period beyond which your provider sees as beneficial, you may be referred to a pain management specialist, neurologist, psychiatrist or other specialist. It may be in your best interest that your future requirements of these medications be prescribed and monitored by one of these specialists.

As a patient of Premiere General Medicine, I understand and accept he following standards regarding the prescription and use of controlled substances:

1. As a patient, I am responsible for my controlled substance medication. A prescription will only be used by me and taken as prescribed.
2. I will not operate a motor vehicle or use heavy equipment when medicated.
3. I will not use illicit substances, use street drugs or consume alcohol when medicated.
4. I will keep all scheduled appointments with my provider and other clinics related to my condition.
5. I will not seek or receive any pain medication from other physicians while under Premiere General Medicine's care (unless in a hospital).
6. I consent to a drug screening test including a blood alcohol level if any provider, clinic, or hospital has suspicion of improper drug use.
7. I understand that certain medication refills may not be refilled over the phone and that written prescriptions in those cases are required.
8. I understand that it may take up to two business days for any narcotic/non-narcotic refill. I will not call for medications after 3 p.m. weekdays, or during weekends and holidays. I understand that the provider will need to review my file prior to renewing my prescription

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and those records are not available after hours on weekends and holidays.

9. No early refills will be given if it is lost, stolen, misplaced, misused, given to other people, or depleted sooner than prescribed. In the case of stolen medication, a copy of a police report may be required.
10. I understand that a prescription may never be altered or changed or I will immediately be dismissed from the practice and reported to law enforcement.
11. I will not be involved in the sale or illegal possession of controlled substances.
12. I agree to use only one pharmacy for filling/refilling prescriptions for controlled substances.
13. I agree to hospital, pharmacy and clinic computer systems containing information about this contract so that other providers and pharmacies may be informed.
14. I agree to allow my providers to communicate with hospitals, pharmacies and other providers as deemed necessary.
15. I understand that my controlled substance history may be reviewed on the Illinois Prescription Monitoring Program website.
16. I certify that I am not pregnant. I understand that the use of controlled substances may cause problems for both mother and child during pregnancy. I will use appropriate measures to prevent pregnancy during the course of my treatment with controlled substances. If becoming pregnant I will notify my providers immediately.
17. I agree to contact my provider at 708-603-5980 within 24 hours if an unavoidable emergency occurs requiring a prescription for a controlled substance, an emergency room visit or an inpatient hospital admission.
18. Only myself or the person I designate may pick up my prescription. He/she must present a photo ID to verify name and permission for pick up.
19. I understand no allowances will be made for problems I may have with transportation or dates of pick up.
20. I understand that if I violate any part of this agreement this mode of treatment may be stopped and that I may be discharged from the practice immediately. I have been informed of the inherent risks of using these types of medications that can include dependency (withdrawal if eliminated abruptly), addiction (psychological dependence), and physiologic dependence (the use and need of more or stronger dosed medication due to tolerance to regain adequate pain relief).

Signature of Patient/Guardian: _____ Date: _____