Advanced Neurosurgery

PRESCRIPTION REFILL POLICY

Date: _____/_____/_____

Name:_____

_____

Last First Middle Initial

CURRENT MEDICATIONS

NAME	DOSAGE	TIMES PER DAY

ALLERGIES

NAME	REACTION

ADVANCED NEUROSURGERY PRESCRIPTION REFILL POLICY

Patients may be prescribed pain medication in preparation of a surgical procedure or during the normal post-operative period. Prescriptions are written for an appropriate period of time based on your medical condition and type of surgery.

Our practice does not provide long-term pain management services. If long-term pain management is required, the patient will be referred to a pain management physician or his or her primary care physician. Post-surgical patients will receive refills for no longer then a period of 6 months. For your safety, no refills can be given if you have not been seen by the Doctor within the last year. All patients must agree to the Advanced Neurosurgery prescription policy in order to receive prescriptions from this practice. Routine prescription refill requests will be reviewed during normal business hours, 8:30am-5pm, Monday-Thursday, when our full records are available. Please allow 2 business days for your request to be processed. For the safety of our patients, routine refill requests will not be authorized after normal business hours, on Fridays, during the weekend or on Holidays. Renewals requested during these times will be referred to the Emergency Room. Please have your pharmacy fax your refill request to 775-323-6118 during normal business hours.

I understand and agree to abide by the Advanced Neurosurgery Prescription Refill Policy:

Signature:_____ Date: _____/_____/_____