



Pain Medication Refill Policy

I, _____, clearly understand and will abide by the office policy that no pain medication refills may be called-in on Saturdays, Sunday or Government Holidays. I will not call the office or try to contact the on-call physicians on these days in order to obtain pain medications. I understand that it is my responsibility to contact the office and request pain medication to allow enough time for the prescription request to be processed so that I do not run of medication during these periods of time. I understand that repetitive refusal to be cooperative with this policy may result in my discharge from the clinic. If it is an emergent situation, I agree to proceed to the emergency room for evaluation and treatment.

Patient's Signature

Date