Chronic ADD/ADHD
Medication Agreement

As the medications for ADD/ADHD have the potential for abuse and addiction, as well as interaction with other controlled substances, it is necessary that you agree to follow these requirements:

1. You will obtain your ADD/ADHD prescription from this office only.
2. You will refill your medication at one pharmacy.
3. You will notify me of any other medications you are taking.
4. You will notify the clinic 3 business days before your prescription is due for pick up.
5. You will follow my instructions regarding any additional testing that is needed, including neurological or psychological consults, etc.
6. You will fill your prescription within 21 days of the Earliest Fill Date. If a script needs to be re-written because it was not filled on time you will need to bring back the original and there will be a $10.00 fee for a new script. **If you lose your script or pills, we will not write you a new script.** You will need to wait until your next fill date.
7. **If you want a change in medication or dosing of the current medication you are on, you will have to make an appointment for each and every change.**

I agree to follow these requirements and understand that if I do not I will be released from this practice and my medication will no longer be filled by Dr. Laws.

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Signature of Patient or Parent  Date

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Patient Name (print)