Medication Policies

1. Policies on Controlled Rx.
   a. Due to the regulated nature of the stimulant medications:
      i. You will need to see Dr. Laws every 3 months. Exceptions will be made on a case by case basis.
      ii. Your prescription will be written for 30 or 90 Days.
      iii. For a 30 day Rx you will receive 3 prescriptions, each with a different “fill by date”

         1. Turn in all 3 prescriptions at the same time.
         2. The pharmacy will fill them as they come due.
      iv. For a 90 day Rx a new prescription must be written each time.
      v. These prescriptions have to be filled within 21 days or it will automatically be void.
      vi. Please double check your prescription for accuracy before you leave the office.
      vii. These prescriptions cannot be refilled, Called in to the pharmacy, Faxed or Corrected

   b. We do not refill medications on the weekends or after hours.
   c. There is a $10.00 charge if you have to have a prescription re-written.
      i. You MUST bring in the original prescription if you need it re-written.
   d. If you lose your pills or the dog ate them or someone steals them or aliens took them while you were in Roswell, you will have to wait until your next appointment.
   e. If you lose your prescription we will not rewrite it.

2. Changing your medication
   a. If you need to change the dosage of your medication please follow up so that we can properly document the issues that you are having.
      i. Bring in any remaining prescriptions that you have.
   b. If you are having side affects from you medication please follow up so that we can properly document the issues that you are having.

3. Drug Testing
   a. If you have a positive drug test we will no longer be able to prescribe stimulant medications for your ADD or ADHD
   b. This includes marijuana
   c. You will be changed to a non-stimulant medication

4. DPS screening will be done on all Adult patients.

I have read and understand the above items.

Name of Patient: ___________________________ Date: __________________

Signature: ________________________________