ADHD MEDICATION POLICY

Patient Name:	DOB:
As we continue to strive to provide the best medical care properties, we have made changes to our ADHD medication visit schedule. Please carefully review this information so years.	n refill policy as well as to the medication follow up
How do I get a prescription renewed for my child?	
Stimulants are medicines for attention deficit hyperactivity disord "controlled substances". This means you must have a new prescrial or fax the prescription in to your pharmacy.	
Your doctor <u>can</u> send the prescription(s) electronically to your prefill, you may call or send a portal message requesting the refil the medication and dose your child takes with your request. If to ask for the "next month's prescription to be filled" (not a refi	needed. Please include your pharmacy and the name of month prescriptions are sent, contact your pharmacy
We ask that you request the refill at least 3 business days your primary physician to be involved in the refill. Refill refilled by an on-call physician unless your primary physician	quests go to the primary physician and will not be
your pharmacy to determine when your prescription will b	e ready for pickup.
Contact our office: (206) 368-6080	
Portal System Requests: these will be sent to your primary physician	
Regarding office visits for ADHD ("medication follow up"	visits):
 If your child is just starting the medication, a monthly viare optimized and stable. Once stable on a medication, IN OFFICE/VIRTUAL medication 	
months for the first year of treatment. At these visits, a child's provider will be able to provide you with three m	s long as there are no changes in medications, your
 When your child has been on a stable dose of medication be needed every 6 months. 	n for a year, IN OFFICE/VIRTUAL medication checks wil
 Due to insurance reimbursement rules, we are no long well visits. 	er able to combine medication follow up visits with
We appreciate your understanding and cooperation as we	strive to continue to provide your child with the
best care possible.	

Signature:______Date:_____