



www.precisioninjurycare.com

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Pain Medication and Prescription Refill Policy

1. I agree to allow 48 hours for prescription refills.
2. I understand that prescription refills requested after 4:00 pm will not be received until the next business day.
3. I understand that a follow-up visit may be required from my physician in order to obtain a refill.
4. I agree to take all medications exactly as instructed. I am NOT allowed to change the dosage amounts
5. Narcotics and non-narcotic medications will not be phoned in after hours or on weekends.
6. Patients may be terminated from the practice for noncompliance in the taking of their medications.
7. Precision Healthcare will NOT refill prescriptions that have been lost or misplaced.
8. I MUST keep all appointments as recommended.
9. I will not give, trade, or sell medications.
10. The following are also conditions for immediate termination from practice:
 - Obtaining narcotics from any other physician while under the care of Precision Healthcare. This is a felony in Georgia (“doctor shopping”) and will be reported.
 - Altering or forging a prescription. This is a felony and will be reported.
11. I am aware that most of the manufactures of drugs used to treat pain recommend against the operation of heavy equipment, which includes driving a motor vehicle. I understand that if I choose to drive a vehicle while taking pain medication, I could be charged with a DUI.
12. I will not combine narcotic medications with the consumption of alcohol.
13. Only one pharmacy may be used for filling prescriptions.

I have read, understood and agree to the policies above. I understand that if I do not sign this document, my physician may refuse to prescribe me medications.

Patient Name (Printed): _____

Patient Signature: _____ Date: _____