Family Medicine Center
of the Bitterroot, P.C.

330 N. 10th Street, Ste. A • Hamilton, MT 59840 • Phone: 406-363-DOCS(3627) • Fax: 406-363-3638 • www.familymedcenter.org

PRESCRIPTION REFILLS

Dear Patient,
We take our commitment to your health seriously and prescribing medicine is an important service we provide to you. For this reason, we ask that you follow these guidelines when refilling prescription medicines.

1. **Office visits are required to obtain a prescription.** The reason for this is to evaluate the particular disease or condition that the drug is treating and also to monitor for any drug side effects.

2. **In most cases, we intentionally will give you enough refills of your medicine until we need to see you again.**

3. Please plan ahead and know when you have at least a week left of your medications.
   It will take us 72 hours to refill your medications pending doctor/insurance approval. (No after-hours/holidays/or weekend refills will be authorized.)

4. **Please call your pharmacy for refills first.** The pharmacy will send us a request. We ask that you only request telephone refills in an emergency.

5. **Please discuss any concerns with your physician.**

****I HAVE READ, UNDERSTAND, AND AGREE WITH THIS POLICY****

_____ _____
Patient Signature **Date**

_____ _____
Patient Printed Name **Date of Birth**