



## Prescription Refill Policy

### **POLICY:**

Compass Health Systems will no longer phone in prescription refills to patient pharmacies. In order to provide quality of care, it is imperative that patients be re-evaluated after taking prescription medicines. Effective immediately, Compass Health Systems will only write prescriptions with no refills or a maximum of one refill, in exceptional circumstances. It is the patient's responsibility to schedule a follow-up appointment so that the physician may monitor and document the effects of the medication prescribed.

Please note that it may take at least 7-10 days in order to respond to a refill request, only to be taken under extraordinary circumstances.

I have read this policy and agree to the terms and conditions contained herein:

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

### **POLIZA:**

Compass Health Systems no volvera a rellenar prescripciones por telefono a las farmacias de los pacientes. Con el fin de garantizar mayor calidad de atencion, es imperativo que los pacientes sean re-evaluados por el especialista en el momento de proveer cada prescripcion. Las prescripciones seran escritas para un mes, o en circunstancias excepcionales, dos meses.

Por favor tenga en cuenta que se requieren de 7 a 10 dias para responder a su pedido de rellenos que solo sera valido en una circunstancia extraordinaria.

He leido esta normative y estoy de acuerdo con los terminus y condiciones que ella contiene.

\_\_\_\_\_  
Nombre de el Paciente

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha