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## PRESCRIPTION DRUG POLICY

The law requires responsible usage of prescription drugs by physicians and patients. If you accept a prescription from one of our physicians, you are also accepting responsibility to use the drug for yourself and only as prescribed. Our responsibility is to prescribe medications in appropriate dosages and amounts, with clear instructions. We will also inform you of the reason we are prescribing the drug, the expected benefits from its use and the major precautions and side effects. We will answer any questions you may have about the prescription drug you are being given.

Prescription drugs have potential for abuse and are regulated closely by state and federal agencies. Certain more closely controlled drugs (narcotic pain medications and tranquilizers) require even more responsibility on your part. We will accept **NO** excuses for their loss or theft and will not order replacements. We will not prescribe them if you are using them other than exactly as prescribed or receiving them from another source. We expect you to notify our office if you change drug stores or are getting medication from another source, so we may discontinue your prescription.

Many prescriptions drugs are appropriate for short-term use only. If and when we feel it is not in your best interest to continue a medication, we will tell you. If we cannot agree about your continued use of a substance, then we will require additional consultation with other specialists to help decide on the correct course of action.

Our office also requires a 24-48 hour call-in policy for the refill of your prescriptions. When your medications are getting low and you feel you need a refill, please call our office with the name of your pharmacy and pharmacy phone number 24 to 48 hours prior so that we will have ample time to ask your treating physician and call your medication in to your pharmacy.

Failure to follow these policies will force our office to terminate our professional relationship with you and may require us to file a report with the Department of Professional Regulation (DPR) or the local police.

If you are in agreement with all of the information as provided above, please sign below that you agree to abide by these policies.

SIGNED:

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Patient/Guardian Signature & Date