MEDICATION REFILL POLICY

Patient Name: ___________________ DOB: _______________ DOS: _______________

1. Medication refills will be executed from 10 am – 4 pm weekdays ONLY.

2. If you have medication needs after hours, go to your local emergency room: Where a careful assessment can be performed and you can be appropriately evaluated.

3. Medications will be available up to TWO business day following your request.

4. Any medication prescribed will require a urine sample to be given at your next physical visit.

THANK YOU,

New Jersey Spine and Orthopedic STAFF

_____________________________ ______________________  ________________________
PATIENT NAME                  SIGNATURE                 DATE