

Pediatric & Adolescent Center of NW Houston, PA

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Office Policy

ADD/ADHD Patients

Dear Parents,

Your child has been diagnosed with ADD or ADHD, and it is necessary to make you, the parent or guardian, aware of certain office policies that apply to you and your child. Please read over the following information carefully and provide your initials or signature where indicated. A copy of this signed policy will be filed in your child's chart and a copy will also be provided to you.

_____ Following your child's diagnosis, he or she will be required to follow up with our
Initial physicians quarterly (**every three months**), regardless of the number of refills received since the last follow up. There are no exceptions, so please plan accordingly.

_____ ADD/ADHD medications are controlled substances and can **NOT** be called in to your
Initial pharmacy. An adult over the age of 18 (listed in the patient's medical record) will be required to appear in our office and provide a photo ID and signature upon receiving prescriptions for refills.

_____ We require a notice of at least **two business days** when refilling your child's
Initial ADD/ADHD medication. Please contact our office and follow the prompts to leave a message on our nurse's line. We will contact you when the prescription is available for pick up.

_____ We do not accept refill requests on Saturdays. Please call our offices Monday through
Initial Friday to request refills.

_____ Your child's prescriptions will be written by the physician who sees your child for their
Initial follow up visits. Please contact the location the following physician practices from for refill requests. The prescription will be available for pick up **at the office your physician practices from, only, Monday - Friday during normal business hours.**

_____ These prescriptions expire **21 days** after the pick up date. If you are unable to have the
Initial prescription filled within 21 days of the pick up date, you will be required to provide us with the original copy of the expired prescription. You will also be required to pick up a new prescription. Again, we require two business days for refill requests.

_____ The practice charges a \$15.00 administrative fee if the practice has to rewrite an expired
Initial or lost prescription.

By signing below, I certify that I have read, understand and agree to comply with the ADD/ADHD office policies of Pediatric & Adolescent Center.

Patient Name

Patient DOB

Signature of parent or guardian

Date