

Amherst Pediatrics Medication Contract

You have been prescribed a medication by your provider at Amherst Pediatrics. Medications can be a beneficial tool to maintain overall health but need to be taken correctly and under the supervision of a provider in order to be used safely. Accordingly, there are some patient requirements that must be agreed upon in order for Amherst Pediatrics to prescribe this medication:

You are responsible for:

Patient/Guardian Signature:

- Scheduling and attending medication review appointments
 - The timing of these appointments will be determined by your provider, but will occur at least every four months
- Staying up to date on your annual well visit
- Timely response to outreach from our Care Coordinator when a new medication is initiated or with a change in medication dose.
- Communicating with the pharmacy when a refill is needed. Please allow 5 business days for the office to act on the refill requests. Please call the pharmacy where the prescription was last filled to request a refill.
 - If the refill request is for a controlled substance medication, please call the refill line at Amherst Pediatrics - 413-253-3773, option 1. Refill requests for controlled substances can also be requested from the patient portal.

Today's date:

| Patient Name: DOB: | Please communicate any side effects or medication | n questions to the office at 413-253-3773, option 3. |
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| Patient Name: DOB: | | |
| | Patient Name: | DOB: |