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ADHD Prescription Medication Policy

Dear Parents:

Your child has been diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). This is treated with a variety of medications with possible side effects. The following policies are designed to avoid confusion and will help to ensure your child's safety while he/she is being treated.

1. Due to the side effects of the drugs used to treat ADHD, **rechecks are mandatory every three months as well as a yearly physical-** or more often as needed. Refills will **NOT** be given if your child is behind on a recheck or well check. It is the parent's responsibility to ensure that these appointments are made-we do not send reminder notices.
 - a. You **MUST** bring both Parent & Teacher Vanderbilt forms to the appointments or you will be asked to reschedule & will **NOT** receive your prescription.
 - b. Schedules do fill up quickly; be sure to schedule your follow-up appointments ahead of time (at check out or calling back as soon as possible to get on the schedule).
2. **Due to Federal Law**, prescriptions cannot be verbally called in to the pharmacy. Medications are e-prescribed only. We do not provide paper prescriptions. If refills are needed for months #2 & #3, please call the office 5 business days in advance, to ensure your child receives their medication without missing any doses.
3. **Running out of medication is not an emergency-** please remember to schedule rechecks in a timely manner, and allow 5 business days for refill prescriptions to be written and available for pick-up.
4. **Not all health insurances will cover follow-up visits for ADHD.** The parent bringing the child to the office for the visit is responsible for any charges not covered by insurance.
5. **Stimulant medications are controlled substances.** Any patient/parent determined to be selling or providing medication to another person can no longer receive ADHD medication from our practice. Please carefully monitor your child's use, and discuss openly with your child the seriousness of providing their medication to others.

By placing my signature below, I certify that I have read and agree to abide by the ADHD office policies of Pirate Pediatrics, PA. I understand that there will be no exceptions granted.

Patient Name

Date

Parent Signature

Date