

Child, Adolescent & Adult Psychiatry

17 Arcadian Way, Paramus, NJ 07652  
Phone: 201-977-2889 Fax: 201-977-2890

**PRESCRIPTION POLICY – PLEASE READ CAREFULLY**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Pharmacy Name \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

Pharmacy Phone / Fax \_\_\_\_\_

Allergies \_\_\_\_\_

**PLEASE READ CAREFULLY:**

- An Initial Prescriptions may take up to 2 hours to process. Please verify with your pharmacy that it is filled, do not call our office.
- Please contact your pharmacy to request a refill do not call our office for refills.
- Please allow up to 48 hours for your refill to be processed.
- Refills are only processed during weekday office hours (10:00am thru 5:00pm Monday thru Friday).
- Refills sent over the weekend will not be received or reviewed until the next business day.
- Refills will not be renewed unless patient is seen on a regular basis.
- Any adverse reactions to medication are to be reported to the office.
- For medical emergencies, call 911, or go to your nearest Hospital Emergency Room.

**Initial**  
 \_\_\_\_\_ I have Read and Understand the Prescription Policy and agree to abide by the policy.  
 \_\_\_\_\_ I have received a copy of this signed agreement.

\_\_\_\_\_  
Patient's Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Date