

Neurosurgery

ACCT#

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MEDICATION POLICY

Name:		ACCT#		
changed the classificati signed by your healthca	O14 the Department of Justice on of Schedule II Narcotics. Example provider; therefore, this means are required as of January 1	Each prescription for pain medication cannot be called in	edication must be personally	
As a result of the DEA	change, our office has impleme	ented the following policy:		
	science may or may not preso ribed pain medication you will abject to change.			
your refill can b	a 3-business day turn around e picked up if it is authorized. refills, will not be acceptab	Multiple calls OR walking		
	low the treatment plan ordered n-compliance of the treatment		ill not be authorized if there	
	low the directions on your pre- refore, not taking it as directed e authorized.			
•You must sareplaced.	feguard your pain medication	from loss or theft. Lost or Si	tolen medications will not be	
•All refills will your pharmacy	be sent to your pharmacy electrons to be sent to your pharmacy electrons to be sent to your pharmacy electrons.	etronically. It is your respons	sibility to notify our office if	
your prescriptio you may author	we are unable to electronically n is ready for pick up. You ar ize someone else to pick it up s been signed for.	e responsible for picking up	your prescription; however,	
•Refills canno	t be made after business hour	s. The on-call provider will	NOT refill pain medication.	
•You may be	requested to have a random ur	ine drug screen in order to 1	receive your medication.	
Effective January 1, 2 narcotics a provider can	2018 the NC State Legislature n prescribe.	passed the STOP Act. This	law limits the quantity of	
Pain medication	s for acute pain can only be p	rescribed for 5 days.		
Pain medication	s for post-operative pain can o	only be prescribed for 7 days		
Neuroscience ar	nd Spine Center does not preso	cribe chronic pain medication	ns.	
By signing below	v, I understand and agree	to comply with the abov	ve policy.	
Signature	Printed Name	Date of Birth	Date of Signature	