

964 Ribaut Road

Beaufort, SC 29902

Phone 843-524-5437

 Fax 843-524-0425

**ADHD Contract**

Today you have been given a prescription for ADHD medication. You will be required to have a follow up visit in approximately 3 weeks to evaluate your progress. Once the proper medication and dosage has been determined, you will then be required to have a follow up visit every 3 months to monitor your progress.

An appointment will be scheduled when you check out today to guarantee the 3 week follow up is completed accordingly. If you are unable to keep the appointment, please call to reschedule asap. Once you are on the 3 month schedule, keep in mind that refills will not be completed if you have not had your follow up.

Please remember to call 5-7 days in advance to request your refill to insure it is ready **before** the prescription runs out. For your convenience we have a prescription refill line 843-524-5437 Option 4. Please leave the following information: (Please speak clearly)

* Patient’s full name
* Date of birth
* Medication to be filled, including dosage
* Prescribing doctor
* Phone number to reach you if necessary

Please sign below if you understand and are in agreement with this policy. We appreciate your understanding as we work together in the interest of your child.

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Parent Signature Date

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Patient’s (child) Name Date of Birth