



INTERNAL MEDICINE & PEDIATRICS OF TAMPA BAY

Office Policy Update

To all patients receiving prescriptions of controlled substances:

This letter is to inform you that our office policy regarding the prescribing of controlled substances have changed. Controlled substances include certain ADD medications, anxiety medications and pain medications. Due to the possible high risk of addiction, drug interactions and side effects these medications require careful monitoring by your prescribing physician.

As of today you will be required to schedule office visits at least every 3 months in order to obtain any renewal of these controlled medicines.

Every 3 months, at each office visit your doctor will closely monitor your health and safety to ensure that you are not experiencing any drug interactions, side effects or tolerance or addiction.

In addition many of these medicines will require a written signature acknowledging that you have received them. Because they are highly controlled most of these medicines cannot be called into pharmacies and prescriptions will not be mailed. **In order to obtain a written prescription refill you are asked to send your request through the patient health portal or call our office at 813-961-2222 ext 104.**

In some cases, your prescription can be sent electronically to your pharmacy by your physician. It is your responsibility to speak with your pharmacist in advance to ensure that they will accept an electronic controlled substance prescription from your physician. If your approved prescription cannot be sent electronically to your pharmacy, your prescription will be written and will be left to be picked up by you at our front desk.

Please note our office will only provide a 30 day prescription for ADD medication and will not replace any lost or stolen prescriptions for any reason.

If you have any other questions regarding this Office Policy Update please feel free to discuss them with our physician at your next scheduled office visit.

Sincerely,
The Doctors and Staff at Internal Medicine & Pediatrics of Tampa Bay

Please sign below.

By signing, you acknowledge that you have been made aware of our office prescribing policy in regards to controlled substances and that you agree to abide by them.

Patient Name: _____

Signature: _____

Date: _____