

## Clayton Medical Associates, P.C.

6400 Clayton Road, Suite 110 Phone: 314.645.4434  
St. Louis, MO 63117 Fax: 314.645.3801

John J. Budd III, M.D.  
Sona S. Kamat, M.D.  
Chad Ronholm, M.D.

Sarah Wilmsmeyer PA-C  
Jaclyn Gill PA-C  
Beatrice Bernhart, PA-C  
Lauren Neier, PA-C

### PRESCRIPTION REFILL POLICY

- NO prescription refills will be done on Saturday, Sundays or Holidays.
- We require 24 hours minimum notice to process prescription renewal and/ or pick-up request.
- The patient is responsible for knowing when medications will need to be refilled (**NO EARLY REFILLS**).
- Prescription phone-in or pick up: Monday-Friday during business hours **ONLY** (8:30 am – 5:00pm)
- Prescriptions will not be filled for walk in patients.
- Mail order prescriptions **WILL NOT** be called and/or faxed in **UNLESS** mail order pharmacies fax a refill request. Patients will be given a written prescription, which they can submit to their mail order pharmacy on their own.
- Non-controlled/non-narcotic prescriptions require a follow up appointment 1-3 months at doctor's request.
- New symptoms and/or events require a follow up appointment every 30-60 days and will not be done for mail order.
- No early refills if medications are overused/abused/misused. Must follow prescription directions.
- No medication/prescription will be replaced if lost, stolen, misplaced, overused, etc.
- Medications are for the prescribed individual's use only. It is illegal to "share" your medicine.
- Patients must pick-up his/her prescription(s) in person, unless pre-authorized by staff.

**These protocols are per recommendations of the State of Missouri Board of Medical Examiners & DEA**

**I understand and accept the protocol listed above. Failure to comply may result in immediate termination of prescription medications.**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_