

MEDICATION REFILL POLICY

Patient Name: _____ DOB: _____ DOS: _____

1. Medication refills will be executed from 10 am – 4 pm weekdays **ONLY**.
2. If you have medication needs after hours, go to your local emergency room: Where a careful assessment can be performed and you can be appropriately evaluated.
3. Medications will be available up to TWO business day following your request.
4. Any medication prescribed will require a urine sample to be given at your next physical visit.

THANK YOU,

New Jersey Spine and Orthopedic STAFF

PATIENT NAME

SIGNATURE

DATE