



ADHD Prescription Medication Policy

Dear Parent:

Your child has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). This disorder is treated with a variety of medications with possible side effects. The medications are safe with close monitoring. The following policies are designed to avoid confusion and will help ensure your child's safety while they are being treated.

1. **ADHD appointments require a yearly well child visit.**
2. Due to the medication side effects used to treat ADHD, **rechecks are mandatory every one to three months** – or more often as needed. Refills will **NOT** be given if your child is behind on a recheck or a well check. It is the parent's responsibility to ensure that these appointments are made – we do not send reminder notifications.
 - You **MUST** provide both **Teacher and Parent Vanderbilt forms 24 hours prior to your appointment** or you will be asked to reschedule and **NOT** receive medications.
 - Schedules do fill up quickly; be sure to schedule your follow-up appointments ahead of time (at check out or calling back as soon as possible to schedule).
3. We can assist with Teacher Vanderbilts. If you would like assistance, please provide us with your child's Teacher and Teacher email address: _____
Reminder: It is your responsibility to ensure we have received both Teacher and Parent Vanderbilts.
4. **Due to Federal Law**, prescriptions cannot be called in to the pharmacy, nor can we fax prescriptions or write for refills.
5. **Running out of medications is not an emergency** – please remember to schedule re-checks in a timely manner and allow **FIVE** business days for refill prescriptions to be written and available for pick up.
6. **Not all health insurances will cover follow up visits for ADHD.** The parent bringing the child to the office, or the visit is responsible for any charges not covered by insurance.
7. **Stimulant medications are controlled substances.** Any patient/parent determined to be selling or providing medications to another person can no longer receive ADHD medication from Pirate Pediatrics. Please carefully monitor your child's use and discuss openly with your child the seriousness of providing their medication to others.

By placing my signature below, I certify that I have read and agree to abide by the ADHD office policies of Pirate Pediatrics, PA. I understand there will be no exceptions granted.

Patient Name

Parent Name and Signature

Date