

Welcome to North Carolina Internal Medicine, P. C.!

We are excited that you've chosen our practice to be your health care home and look forward to helping you meet and maintain health driven goals. Please take a few minutes to get acquainted with some of our office policies.

Prescription refill policy:

- It can take up to 48 hours to completely process a prescription refill request. With this processing time in mind we ask that you request refills no later than 2 days before you run out of medication. We recommend requesting them a week before you run out of medication to guarantee you won't have a lapse in your medication regimen.
- In order to receive refills on a regular basis without interruption we require you to adhere to the physicians recommendation to follow up in a specified time frame. Chronic and long term medications require monitoring and management. The most important people in our practice are you, our patients, and we make every effort to provide safe, accurate and healthy decisions in your treatment.
- You can choose one of the two methods below to submit your refill request:
 - a. Call your pharmacy and ask them to send our office a refill request. They can send it electronically or by fax to (919) 851-1666.

OR

- b. You can call our office to request a refill. If you choose to call our office to request a refill we ask that you have the following information at hand:
 - Name
 - Date of Birth
 - Phone Number
 - Prescribing Physician
 - Medication Name
 - Medication Dose
 - Medication Frequency
 - Number of Days (supply amount) needed
 - Pharmacy Name
 - Pharmacy Location or Phone Number

Referral policy:

- There may be instances when we must refer you to a specialist who has more expertise in the anatomy, physiology and pathology of certain parts of the body (i.e.: Dermatologist, Cardiologist...etc.). We do our best to help you find a doctor close to your home and who accepts your insurance. We will also forward any necessary information about you and your treatment needs to the specialist.
- It is your responsibility to contact the specialist's office and arrange an appointment. Our office staff will provide any contact information you will need for this specialist.
- You may also select your own specialist and let us know who you would like us to send your referral and information to. However, you are still responsible for scheduling your appointment with their office.

I have read and understand the above office policies. I understand the responsibilities of the office staff and my responsibilities as a patient in the processes of requesting refills and arranging referrals.

By signing below, I acknowledge that I have read and understand the above prescription refill and referral policies.

Patients Printed Name: _____

Patient Signature: _____ Date: _____