

Chapel Hill Psychiatric Associates, PA

Stimulant Prescription Request Form

These medications **MUST** be obtained with a written prescription. They **CANNOT be called in.**
The prescriptions **cannot have refills** and will not be refilled by the on-call emergency service.

Patient name: _____ Phone: _____
Address: _____
Provider: Transue Ware

MEDICATIONS REQUESTED

- Adderall** (*mixed amphetamine salts*) _____ mg _____ # pills/day
- Adderall XR** (*mixed amphetamine salts extended release*) _____ mg _____ # pills/day
- Concerta** (*methylphenidate*) _____ mg _____ # pills/day
- Daytrana** (*methylphenidate patch*) _____ mg _____ #patches/day
- Desoxyn** (*methamphetamine*) _____ mg _____ # pills/day
- Dexedrine** (*dextroamphetamine*) _____ mg _____ # pills/day
- Dexedrine spansules** (*dextroamphetamine slow release*) _____ mg _____ # pills/day
- Focalin** (*dexmethylphenidate*) _____ mg _____ # pills/day
- Focalin XR** (*dexmethylphenidate extended release*) _____ mg _____ # pills/day
- Metadate** (*methylphenidate*) _____ mg _____ # pills/day
- Metadate CR** (*methylphenidate controlled release*) _____ mg _____ # pills/day
- Metadate ER** (*methylphenidate extended release*) _____ mg _____ # pills/day
- Methlyphenidate** _____ mg _____ # pills/day
- Ritalin** (*methylphenidate*) _____ mg _____ # pills/day
- Ritalin SR** (*methylphenidate SR/ER*) _____ mg _____ # pills/day

- Pick up at office
- Mail to (circle one) Home/Pharmacy (*Stamped, addressed envelope must be in chart.*)
- I need more request forms

CHPA
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Suite 208
Carrboro, NC 27510-6113

tel: 919.636.5695
Fax: 919.442.1105

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Policy on prescriptions for stimulants:

Because stimulants are amongst the most highly controlled medications we can prescribe, we have established specific procedures to govern the prescription requests and to minimize the need for duplicate prescriptions.

Requests for a prescription:

We require that all requests for stimulant prescriptions be made in writing using our **Stimulant Request Form**. The form may be faxed, mailed or hand delivered to our office. No telephone requests will be honored.

Please be aware that requests will not be processed on weekends, clinic holidays or on your provider's routine days off. Prescriptions will be processed if your provider is on vacation or out sick. Stimulant prescriptions are not provided on an "emergency" basis.

We strongly suggest you request your new prescription at least one week ahead of when you will actually need the medication.

We will place a new request form in with the prescription unless it is being mailed to a pharmacy. If you are having your prescription mailed to a pharmacy you will need either to pick-up additional forms or to provide a stamped, addressed envelope to mail the request forms to your home.

There may be a fee of \$5 for obtaining a prescription outside of your appointments

Receiving a prescription:

If you provide a phone number on your request form, we will call when the prescription is ready to be picked up. For many people, it is more convenient for the prescription to be mailed to their home or pharmacy. If you wish to have the prescription mailed, you must provide addressed, stamped envelopes that will be kept in your chart. You will need to keep track of the number of envelopes you have provided and drop off or mail additional envelopes when they will be needed. If you provide a phone number on the request form, we will call when the prescription is placed in our outgoing mailbox. Please be aware that there is no pick up on Saturday.

Lost prescriptions or medication:

If your prescription is lost, future prescriptions will only be mailed to a pharmacy.

If your medication is lost, the medication may be discontinued or the quantity provided will be limited. The latter action will mean additional costs both for the fees charged to prepare the prescriptions and for the copay charged by your insurance company.