Berkeley Pediatrics Controlled Substance Medication Policy:

Stimulant medications are controlled substances that are regulated by the DEA and require a written prescription on a triplicate form. Refills for this type of medication should be requested at least 5 days before the medication will run out, as the provider is sometimes not immediately available to write these prescription refills.

Prescriptions will not be refilled unless your child has had a well check examination in the last 12 months AND any recommended additional visits (for ADHD etc).

We will do our best to have refills ready within 3-5 days of the request.

- Prescriptions must be picked up in person in our office. For your child's privacy, an I.D. is required when
 picking up prescriptions. Prescriptions will not be mailed unless you have made special arrangements
 with your doctor.
- We do not fill these prescriptions over the weekends or on holidays.
- Medications will only be refilled by the Primary Care MD, not by the on-call provider except in the case of prolonged absence of your doctor.
- These medications have a high potential for abuse. The medication should always be kept in a locked area, away from young children and teens. This medication must never be shared with others. Sharing or selling your ADHD medication is illegal.
- While legally we can write up to three prescriptions at a time, we cannot refill early and we will not replace lost prescriptions given the high abuse potential of these medications.
- When requesting your child's refill, please have the following information available:
 - -Patient's name and date of birth
 - -Phone number where you can be reached
 - -Parent's name
 - -Quantity of pills requested
 - -MEDICATION NAME, STRENGTH & DOSE and (e.g. methylphenidate 5 mg tablets 2 tablets twice a day)

Prescriptions will not be refilled unless your child has had a well check examination in the last 12 months AND any recommended additional visits (for ADHD etc).

Keeping track of quantities and when prescriptions will be needed is critical to avoid going without medication. Thank you for your understanding regarding the controlled substance prescription procedure.

PLEASE ALLOW US ENOUGH TIME TO COMPLETE YOUR REFILL REQUEST, TYPICALLY 3-5 DAYS.

| Patient's Name | Birth Date | |
|-------------------------------------------------------|------------|--|
| I have read and agree to the above medication policy: | | |
| Signature of parent/guardian (or patient if >18 yrs) | Date | |
| Signature of Medical Provider | Date | |